

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250  
Check if different than previously reported. (ACC) SAN RAFAEL CA 94901

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

C C00459693 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 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 Steven S. Lucas

Signature of Treasurer Steven S. Lucas [Electronically Filed] Date 04 / 11 / 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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**ZUFFA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="389.70"/>	<input type="text" value="389.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="389.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40000.00"/>	<input type="text" value="40000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40389.70"/>	<input type="text" value="40389.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5498.59"/>	<input type="text" value="5498.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34891.11"/>	<input type="text" value="34891.11"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1435.50"/>	

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)

Write or Type Committee Name

**ZUFFA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

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).....	40000.00	40000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40000.00	40000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	40000.00	40000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40000.00	40000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40000.00	40000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2998.59	2998.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2998.59	2998.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5498.59	5498.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5498.59	5498.59

**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) .....	40000.00	40000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40000.00	40000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2998.59	2998.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2998.59	2998.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**ZUFFA POLITICAL ACTION COMMITTEE**

**A. CRAIG BORSARI**  
Full Name (Last, First, Middle Initial)

Mailing Address 7752 ROARING SPRINGS CIRCLE

City	State	Zip Code
LAS VEGAS	NV	89113

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

Name of Employer	Occupation
ZUFFA, LLC dba ULTIMATE FIGHTING CHAMP	EXECUTIVE VICE PRESIDENT OF OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : INCA232**

Amount of Each Receipt this Period  
5000.00

**B. IKE LAWRENCE EPSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 213 LUXAIRE COURT

City	State	Zip Code
LAS VEGAS	NV	89144

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

Name of Employer	Occupation
ZUFFA, LLC dba ULTIMATE FIGHTING CHAMP	CHIEF OPERATING OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : INCA231**

Amount of Each Receipt this Period  
5000.00

**C. LORENZO J. FERTITTA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 379045

City	State	Zip Code
LAS VEGAS	NV	89137

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

Name of Employer	Occupation
STATION CASINOS, INC.	CHAIRMAN AND CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : INCA225**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TERESA FERTITTA</b>		Date of Receipt
Mailing Address P.O BOX 379045		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Las Vegas	NV	89137
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA226</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
N/A	HOMEMAKER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KIRK D. HENDRICK</b>		Date of Receipt
Mailing Address 2270 CANDLESTICK AVENUE		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
HENDERSON	NV	89052
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA229</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
ZUFFA, LLC dba ULTIMATE FIGHTING CHAMP	CHIEF LEGAL OFFICER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN MULKEY</b>		Date of Receipt
Mailing Address 8913 PLAYERS CLUB DRIVE		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAS VEGAS	NV	89134
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA230</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
ZUFFA, LLC dba ULTIMATE FIGHTING CHAMP	CHIEF FINANCIAL OFFICER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. DANA F. WHITE II**

Mailing Address 10801 W. CHARLESTON BLVD., SUITE 6

City LAS VEGAS      State NV      Zip Code 89135

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

Name of Employer ZUFFA, LLC dba ULTIMATE FIGHTING CHAM...      Occupation PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014  
**Transaction ID : INCA227**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. ANNE WHITE**

Mailing Address 10801 W. CHARLESTON BLVD., SUITE 6

City LAS VEGAS      State NV      Zip Code 89135

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

Name of Employer N/A      Occupation HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014  
**Transaction ID : INCA228**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C.**

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  
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40000.00



**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 checked="" 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

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NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP**

Mailing Address 1415 L STREET, SUITE 1200

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : EXPB241**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP**

Mailing Address 1415 L STREET, SUITE 1200

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : EXPB243**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP**

Mailing Address 1415 L STREET, SUITE 1200

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : EXPB245**

Amount of Each Disbursement this Period

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

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

**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 checked="" 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

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NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP**

Mailing Address 1415 L STREET, SUITE 1200

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : EXPB247**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**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 checked="" 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

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NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HELLERHIGHWATER PAC**

Mailing Address P.O. BOX 370672

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement

Category/  
Type

Candidate Name  
**LEADERSHIP PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB249**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>	Nature of Debt (Purpose): LEGAL SERVICES AND PAC ADMINISTRATION
Mailing Address 1415 L STREET, SUITE 1200	
City State Zip Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period <input type="text" value="889.21"/>	<b>Transaction ID : PAYD221</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="889.21"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>	Nature of Debt (Purpose): LEGAL SERVICES AND PAC ADMINISTRATION
Mailing Address 1415 L STREET, SUITE 1200	
City State Zip Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period <input type="text" value="210.50"/>	<b>Transaction ID : PAYD222</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="210.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>	Nature of Debt (Purpose): LEGAL SERVICES AND PAC ADMINISTRATION
Mailing Address 1415 L STREET, SUITE 1200	
City State Zip Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period <input type="text" value="576.50"/>	<b>Transaction ID : PAYD223</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="576.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ZUFFA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>		Nature of Debt (Purpose): LEGAL SERVICES AND PAC ADMINISTRATION
Mailing Address 1415 L STREET, SUITE 1200		
City State	Zip Code	
SACRAMENTO	CA 95814	

Outstanding Balance Beginning This Period	<b>Transaction ID : PAYD259</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1435.50"/>	<input type="text" value="0.00"/>	<input type="text" value="1435.50"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1435.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="1435.50"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1435.50"/>