

# 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.

**NEW MAJORITY CALIFORNIA FEDERAL PAC**

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small>
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small>
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on  in the State of

(d) 30-Day **POST**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on  in the State of

5. Covering Period   through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
CARSON, JAMES W., , ,

Type or Print Name of Treasurer

Signature of Treasurer CARSON, JAMES W., , , [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**NEW MAJORITY CALIFORNIA FEDERAL PAC**

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="2017"/>	<input type="text" value="19791.77"/>	<input type="text" value="19791.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19791.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="43500.00"/>	<input type="text" value="43500.00"/>
(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="63291.77"/>	<input type="text" value="63291.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21968.61"/>	<input type="text" value="21968.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41323.16"/>	<input type="text" value="41323.16"/>
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="2995.12"/>	

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. 05/2016)

Write or Type Committee Name

**NEW MAJORITY CALIFORNIA FEDERAL PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

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).....	38500.00	38500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38500.00	38500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	43500.00	43500.00
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)).....▶	43500.00	43500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	43500.00	43500.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4468.61	4468.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4468.61	4468.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	2500.00	2500.00
(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)).....	2500.00	2500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	21968.61	21968.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21968.61	21968.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	43500.00	43500.00
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41000.00	41000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4468.61	4468.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4468.61	4468.61

**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 17
<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

**A. BAUMGARDNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 645 ASH STREET  
 City San Diego State CA Zip Code 92101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACE PARKING Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **05 / 22 / 2017**  
**Transaction ID : INCA1117**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. DUNN, LUCETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 YALE COURT  
 City Coto De Caza State CA Zip Code 92679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORANGE COUNTY BUSINESS COUNCIL Occupation (for Individual) PRESIDENT/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 17 / 2017**  
**Transaction ID : INCA1095**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. DUNN, LUCETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 YALE COURT  
 City Coto De Caza State CA Zip Code 92679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORANGE COUNTY BUSINESS COUNCIL Occupation (for Individual) PRESIDENT/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 17 / 2017**  
**Transaction ID : INCA1112**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 17
<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HANNA, DAVID W., , ,**

Mailing Address **908 REMBRANDT DR.**

City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>HANNA CAPITAL MANAGEMENT</b>	Occupation (for Individual) <b>EXECUTIVE</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2017

**Transaction ID : INCA1107**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HANNA, VIRGINA L., , ,**

Mailing Address **908 REMBRANDT DR.**

City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>HOMEMAKER</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2017

**Transaction ID : INCA1108**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HOCHMAN, NATHAN, , ,**

Mailing Address **131 SOUTH CLIFFWOOD AVENUE**

City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90049</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>BINGHAM MCCUTCHEN</b>	Occupation (for Individual) <b>ATTORNEY</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

**Transaction ID : INCA1105**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>12500.00</b>
<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 8 OF 17
	<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

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NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. KNIGHT, JR., JESSIE, , ,**

Mailing Address 404 SAN ANTONIO AVENUE, SUITE F

City San Diego	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual) RETIRED
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : INCA1109**

Amount of Each Receipt this Period  
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PROUGH, STEPHEN W., , ,**

Mailing Address 527 HAZEL DRIVE

City CORONA DEL MAR	State CA	Zip Code 92625
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LONG BEACH ACCEPTANCE CORPORATION	Occupation (for Individual) BROKER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

**Transaction ID : INCA1114**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ROBERTS, JOHN, , ,**

Mailing Address 7991 PASEO ESMERADO

City Carlsbad	State CA	Zip Code 92009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2017

**Transaction ID : INCA1100**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 9 OF 17
<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

**A. THOMAS, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 NORTH CLIFFWOOD AVENUE  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS PROPERTIES GROUP Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 28 / 2017  
**Transaction ID : INCA1123**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. WALL, GEORGE J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 NEWPORT CENTER DRIVE SUITE 420  
 City NEWPORT BEACH State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLASER WEIL Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 24 / 2017  
**Transaction ID : INCA1097**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. WILLIAMS, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2010 JIMMY DURANT, SUITE 220  
 City Del Mar State CA Zip Code 92014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAN DIEGO COMMUNITY COLLEGE Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 22 / 2017  
**Transaction ID : INCA1119**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 10 OF 17
<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WILLIAMS, STEPHEN B., , ,**

Mailing Address **6015 VISTA DE LA MESA**

City <b>La Jolla</b>	State <b>CA</b>	Zip Code <b>92037</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>SENTRE PARTNERS</b>	Occupation (for Individual) <b>PRINCIPAL</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**03 / 06 / 2017**

**Transaction ID : INCA1101**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**YELLIN, ROBERT, , ,**

Mailing Address **6789 QUAIL HILL PARKWAY, #219**

City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92603</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**02 / 24 / 2017**

**Transaction ID : INCA1098**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>38500.00</b>

**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 11 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CALIFORNIA HOSPITAL ASSOCIATION PAC, SPONSORED BY CA ASSOC. OF HOSPITALS AND HEALTH SYSTEM

Mailing Address 1215 K STREET, SUITE 800

City SACRAMENTO	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	11	/	2017

**Transaction ID : INCA1091**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**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"/> 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)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2017
Mailing Address 1415 L STREET, SUITE 1200		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB1089</b> Amount of Each Disbursement this Period [REDACTED] 1013.86
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement LEGAL SERVICES & PAC ADMINISTRATION		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017
Mailing Address 1415 L STREET, SUITE 1200		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB1093</b> Amount of Each Disbursement this Period [REDACTED] 1078.77
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement LEGAL SERVICES & PAC ADMINISTRATION		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. NIELSEN MERKSAMER PARRINELLO GROSS &amp; LEONI LLP</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2017
Mailing Address 1415 L STREET, SUITE 1200		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB1102</b> Amount of Each Disbursement this Period [REDACTED] 1425.98
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement LEGAL SERVICES AND PAC ADMINISTRATION		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

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

3518.61

**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"/> 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)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

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

Full Name (Last, First, Middle Initial)

Mailing Address 1415 L STREET, SUITE 1200

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY (04 / 14 / 2017)

FEC Identification Number: C

Transaction ID : EXPB1110

Amount of Each Disbursement this Period: 950.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4468.61

**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"/> 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)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. ISSA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address P.O. BOX 760		FEC Identification Number C00350520 <b>Transaction ID : EXPB1120</b> Amount of Each Disbursement this Period 5000.00
City VISTA	State CA	Zip Code 92805
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>ISSA, DARRELL, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 49	

Full Name (Last, First, Middle Initial) <b>B. JEFF FLAKE FOR US SENATE INC.</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2017
Mailing Address PO BOX 12512		FEC Identification Number C00347260 <b>Transaction ID : EXPB1115</b> Amount of Each Disbursement this Period 5000.00
City Tempe	State AZ	Zip Code 85284
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>FLAKE, JEFF, , ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ	District:	

Full Name (Last, First, Middle Initial) <b>C. MIMI WALTERS VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 9070 IRVINE CENTER DRIVE, SUITE 15		FEC Identification Number C00564674 <b>Transaction ID : EXPB1122</b> Amount of Each Disbursement this Period 5000.00
City Irvine	State CA	Zip Code 92618
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>PAC, LEADERSHIP, , ,</b>	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:	

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

**A. WALL, GEORGE J., , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
03 / 29 / 2017

Mailing Address: 520 NEWPORT CENTER DRIVE  
SUITE 420

City: NEWPORT BEACH State: CA Zip Code: 92660

Purpose of Disbursement: REFUND OF CONTRIBUTION ORIGINALLY RECEIVED 2/24/17

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Transaction ID: EXPB1106

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

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 & PAC ADMINISTRATION
Mailing Address 1415 L STREET, SUITE 1200			
City SACRAMENTO	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 1013.86	Transaction ID : PAYD1088	
Amount Incurred This Period 0.00	Payment This Period 1013.86	Outstanding Balance at Close of This Period 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 & PAC ADMINISTRATION
Mailing Address 1415 L STREET, SUITE 1200			
City SACRAMENTO	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 1078.77	Transaction ID : PAYD1092	
Amount Incurred This Period 0.00	Payment This Period 1078.77	Outstanding Balance at Close of This Period 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 SACRAMENTO	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD1113	
Amount Incurred This Period 984.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 984.25

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	984.25
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

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 SACRAMENTO	State CA	Zip Code 95814			

Outstanding Balance Beginning This Period		Transaction ID : <b>PAYD1116</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
732.21	0.00	732.21	

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 SACRAMENTO	State CA	Zip Code 95814			

Outstanding Balance Beginning This Period		Transaction ID : <b>PAYD1118</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
500.21	0.00	500.21	

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 SACRAMENTO	State CA	Zip Code 95814			

Outstanding Balance Beginning This Period		Transaction ID : <b>PAYD1124</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
778.45	0.00	778.45	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2010.87
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	2995.12
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2995.12