

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Abel Maldonado For Congress			
ADDRESS (number and street) PO Box 5325			
CITY, STATE, and ZIP CODE Santa Maria CA 93456-5325			
2. NAME OF CANDIDATE Abel Maldonado	3. OFFICE SOUGHT (State and District) House CA 24		4. FEC IDENTIFICATION NUMBER C00493379
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE ACTON PAC PO Box 442 Sharpsburg GA 30277-0442	Name of Employer Transaction ID : 39822000 Occupation	Date (month, day, year) 10/29/2012	Amount 1000
B. FULL NAME, MAILING ADDRESS AND ZIP CODE California Citrus Mutual Political Action Committee 512 N Kaweah Avenue Exeter CA 93221-1200	Name of Employer Transaction ID : 39823000 Occupation	Date (month, day, year) 10/29/2012	Amount 1000
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Issa for Congress 30151 Tomas Rancho Santa Margarita CA 92688-2125	Name of Employer Transaction ID : 39824000 Occupation	Date (month, day, year) 10/29/2012	Amount 1000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Support to Ensure Victory Everywhere PAC - Steve PAC 228 S Washington Street Suite 115 Alexandria VA 22314-5404	Name of Employer Transaction ID : 39825000 Occupation	Date (month, day, year) 10/29/2012	Amount 1000
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Trust PAC - Team Republicans Utilizing Sensible Tactics 228 S Washington Street Suite 115 Alexandria VA 22314-5404	Name of Employer Transaction ID : 39816000 Occupation	Date (month, day, year) 10/29/2012	Amount 5000
SIGNATURE (optional) Kelly Lawler <i>[Electronically Filed]</i>		DATE 10/30/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mary Capone 3248 Roblar Avenue Santa Ynez CA 93460-9575	Name of Employer n/a Transaction ID : 39821000 Occupation Retired	Date (month, day, year) 10/29/2012	Amount 1500
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Murray Markiles 17425 Cumpston Street Encino CA 91316-2515	Name of Employer Stubbs Alderen et al Transaction ID : 39817000 Occupation Attorney	Date (month, day, year) 10/29/2012	Amount 2500
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Dale J Marquis 1933 Cliff Drive Suite 1 Santa Barbara CA 93109-1502	Name of Employer Invest West and Pacifica Hotel Group Transaction ID : 39819000 Occupation Businessman	Date (month, day, year) 10/29/2012	Amount 2000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Joseph Miller 25115 Jim Bridger Road Hidden Hills CA 91302-1182	Name of Employer Transaction ID : 39818000 Occupation Merchant Banker	Date (month, day, year) 10/29/2012	Amount 2500
E. FULL NAME, MAILING ADDRESS AND ZIP CODE William Powers 2012 The Strand Manhattan Beach CA 90266-4559	Name of Employer The Strand Partners Transaction ID : 39815000 Occupation General Partner of RE Fund	Date (month, day, year) 10/29/2012	Amount 2500

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Jack R. Wheatley 1150 S Bonneville Drive Salt Lake City UT 84108-2052	Name of Employer n/a Transaction ID : 39820000 Occupation Retired	Date (month, day, year) 10/29/2012	Amount 2000
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount