

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 NESTANDE FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150 Check if different than previously reported. (ACC) SACRAMENTO CA 95833

2. FEC IDENTIFICATION NUMBER C C00543660 3. IS THIS REPORT NEW (N) OR AMENDED (A) CA 36

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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

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 DAVID BAUER

Signature of Treasurer DAVID BAUER [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 27 / 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
NESTANDE 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))....	229887.00	451154.93
(b) Total Contribution Refunds (from Line 20(d))	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	229887.00	450904.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78615.79	149511.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	462.72
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	78615.79	149048.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	301856.10	
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).....	6363.80	

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

NESTANDE 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).....	212950.00	393506.00
(ii) Unitemized.....	5187.00	15811.00
(iii) TOTAL of contributions from individuals ▶	218137.00	409317.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11750.00	41837.93
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	229887.00	451154.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	462.72
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)..... ▶	229887.00	451617.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78615.79	149511.55
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	250.00
(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	250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	78615.79	149761.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	150584.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	229887.00
25. SUBTOTAL (add Line 23 and Line 24).....	380471.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78615.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	301856.10

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANGUS MCBAIN

Mailing Address 47100 W. ELDORADO DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : INCA389

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
FRANCES SLATER

Mailing Address 43421 LACOVIA DR.

City State Zip Code
BERMUDA DUNES CA 92203

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : INCA387

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROBERT ZARNEGIN

Mailing Address 421 N. BEVERLY DR. #350

City State Zip Code
BEVERLY HILLS CA 90210

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

Name of Employer Occupation
PROBITY INT'L CORP. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : INCA386

Amount of Each Receipt this Period
1000.00

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

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

1350.00

**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 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEOFF PALMER

Mailing Address 11740 SAN VICENTE BLVD. #208

City	State	Zip Code
LOS ANGELES	CA	90049

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

Name of Employer	Occupation
G. H. PALMER ASSOCIATES	DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : INCA434

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SUSAN GROFF

Mailing Address 9832 CALVIN AVE.

City	State	Zip Code
NORTHRIDGE	CA	91324

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

Name of Employer	Occupation
NORTHWEST EXCAVATING	PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : INCA396

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)
GEORGE ARGYROS

Mailing Address 949 SOUTH COAST DR. #600

City	State	Zip Code
COSTA MESA	CA	92626

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

Name of Employer	Occupation
ARNEL	CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : INCA398

Amount of Each Receipt this Period

2600.00

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

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

6200.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NANCY IREDALE

Mailing Address 515 S. FLOWER ST. 25TH FL.

City State Zip Code
LOS ANGELES CA 90071

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

Name of Employer Occupation
PAUL HASTINGS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2013

Transaction ID : INCA435

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRANK BAXTER

Mailing Address 11100 SANTA MONICA BLVD.

City State Zip Code
LOS ANGELES CA 90025

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : INCA438

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
FRANK BAXTER

Mailing Address 11100 SANTA MONICA BLVD.

City State Zip Code
LOS ANGELES CA 90025

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : INCA457

Amount of Each Receipt this Period
2600.00

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

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

6200.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOROTHY BRODERICK

Mailing Address 40593 DESERT CREEK LN.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer MARRIOTT Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : INCA436

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
MICHAEL OSTER

Mailing Address 48457 VISTA PALOMINO

City LA QUINTA State CA Zip Code 92253

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : INCA428

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARY WISELY

Mailing Address 3 STRAUSS TERRACE

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : INCA432

Amount of Each Receipt this Period
250.00

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

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

625.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT DACEY

Mailing Address 139 TRENT SHORE DR.

City State Zip Code
TRENT WOODS NC 28562

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

Name of Employer Occupation
SELF GOV'T RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 19 2013

Transaction ID : INCA429

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MATTIAS SCHEER

Mailing Address 3993 VISTA DEL SOL #100

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 21 2013

Transaction ID : INCA424

Amount of Each Receipt this Period
1100.00

C. Full Name (Last, First, Middle Initial)
PETER SCHEER

Mailing Address 39-935 VISTA DEL SOL #102

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
SELF DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 21 2013

Transaction ID : INCA423

Amount of Each Receipt this Period
1100.00

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

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

2700.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALEXANDER BOWIE

Mailing Address 4920 CAMPUS DR.

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
BOWIE, ARNESON, WILES & GIANNONE ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : INCA440

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SABBY JONATHAN

Mailing Address 73-301 FRED WARING DR. #200

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
JONATHAN & CO. CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 24 / 2013

Transaction ID : INCA442

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SUZANNE HOMME

Mailing Address P. O. BOX 4250

City State Zip Code
PALM DESERT CA 92261

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

Name of Employer Occupation
SELF TRAVEL CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : INCA443

Amount of Each Receipt this Period
250.00

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 11 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD SPICER

Mailing Address 75855 ALTAMIRA DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : INCA477

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
VAN TANNER

Mailing Address 39918 CRICKET COVE

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer Occupation
DESERT EMPIRE INSURANCE CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : INCA444

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JANICE HAWKINS

Mailing Address 75275 PURPLE HILLS RD.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
C.O.D. FOUNDATION FUNDRAISER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : INCA462

Amount of Each Receipt this Period
250.00

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

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

700.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSH VEENTJER

Mailing Address 50550 MANDARINA

City LA QUINTA State CA Zip Code 92253

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

Name of Employer PACIFIC DEVELOPMENT VENTURES Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : INCA463

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID COOPER

Mailing Address 72775 FRANK SINATRA DR.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer SELF Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : INCA484

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN GLESS

Mailing Address 1441 RAVENSWOOD LN.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer SELF - JOHN GLESS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : INCA481

Amount of Each Receipt this Period
500.00

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 13 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RONALD FRAGEN

Mailing Address 64893 SARAGOSSA DR.

City PALM SPRINGS State CA Zip Code 92264

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

Name of Employer SELF Occupation DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : INCA483

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHARLES MUNGER

Mailing Address 1423 HAMILTON AVE.

City PALO ALTO State CA Zip Code 94301

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

Name of Employer SELF Occupation PHYSICIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : INCA471

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MARY ROCHE

Mailing Address 44920 LAKESIDE DR.

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer RM ROCHE INC. Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : INCA478

Amount of Each Receipt this Period
1000.00

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

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

4100.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD LEWIS

Mailing Address 10100 EMPYREAN WAY

City State Zip Code
LOS ANGELES CA 90067

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 11 / 2013

Transaction ID : INCA490

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
LYNN BOOTH

Mailing Address 10431 BELLAGIO RD.

City State Zip Code
LOS ANGELES CA 90077

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : INCA492

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES ANDERSON

Mailing Address 563 S. PERALTA HILLS DR.

City State Zip Code
ANAHEIM HILLS CA 92807

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

Name of Employer Occupation
ANDERSON SEAFOODS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA505

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

**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 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BEVERLY BAILEY

Mailing Address 2000 MARKET ST.

City RIVERSIDE State CA Zip Code 92501

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

Name of Employer STRONGHOLD ENGINEERING Occupation PRES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA506

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT BIANCO

Mailing Address 75943 VIA CORTONA

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer ANTHONY VINEYARDS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA522

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
RONALD BLOOM

Mailing Address 9777 WILSHIRE BLVD. #711

City BEVERLY HILLS State CA Zip Code 90212

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

Name of Employer CROWN ASSOCIATES Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA521

Amount of Each Receipt this Period
 2600.00

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

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

4600.00

**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 16 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RONALD BLOOM

Mailing Address **9777 WILSHIRE BLVD. #711**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

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

Name of Employer **CROWN ASSOCIATES** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 18 / 2013

Transaction ID : INCA520

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MICHAEL BOZICK

Mailing Address **77330 MEDICINE BOW CIR.**

City **INDIAN WELLS** State **CA** Zip Code **92210**

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

Name of Employer **RICHARD BAGDASARIAN, INC.** Occupation **PRES.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 18 / 2013

Transaction ID : INCA519

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BLAINE CARIAN

Mailing Address **78-725 STARLIGHT LN.**

City **BERMUDA DUNES** State **CA** Zip Code **92203**

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

Name of Employer **DESERT FRESH** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 18 / 2013

Transaction ID : INCA518

Amount of Each Receipt this Period
1000.00

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

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

4600.00

**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 17 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL FEDDERLY

Mailing Address 45-350 SAN LUIS REY AVE.

City PALM DESERT State CA Zip Code 92260

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

Name of Employer SOUTHERN CALIF. ENERGY Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA529

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ALBERT KECK

Mailing Address 83-555 AIRPORT BLVD.

City Thermal State CA Zip Code 92274

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

Name of Employer HADLEY DATE GARDENS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA516

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM MOREHEAD

Mailing Address 11965 MONTANA AVE.

City LOS ANGELES State CA Zip Code 90049

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA515

Amount of Each Receipt this Period
250.00

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 18 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DIANA REVES

Mailing Address 6250 TECATE DR.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA507

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
RICHARD RIORDAN

Mailing Address 10880 WILSHIRE BLVD. #800

City LOS ANGELES State CA Zip Code 90024

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA514

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
LIVIA SAPPINGTON

Mailing Address 71739 SAN GORGONIO RD. #B

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer WELLS FARGO ADVISORS Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA528

Amount of Each Receipt this Period
 250.00

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

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

3100.00

**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 19 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY SCARBOROUGH

Mailing Address P. O. BOX 14467

City PALM DESERT State CA Zip Code 92255

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

Name of Employer BELLMONT PRODUCE SALES Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA513

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CAROL TROESH

Mailing Address 11 OLYMPIA HILLS CIR.

City LAS VEGAS State NV Zip Code 89141

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA509

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
DENNIS TROESH

Mailing Address 11 OLYMPIA HILLS CIR.

City LAS VEGAS State NV Zip Code 89141

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA508

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

**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 20 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREG YOUNG

Mailing Address 38305 N. JEFFERSON ST.

City INDIO	State CA	Zip Code 92203
---------------	-------------	-------------------

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

Name of Employer GREG YOUNG	Occupation FARMER
--------------------------------	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA511

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PATRICIA YOUNG

Mailing Address 81880 ARUS AVE.

City Indio	State CA	Zip Code 92201
---------------	-------------	-------------------

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

Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED
----------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : INCA512

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RAINER BERGMANN

Mailing Address 73100 LOMA VISTA LN.

City PALM DESERT	State CA	Zip Code 92260
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation DENTIST
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 20 / 2013

Transaction ID : INCA530

Amount of Each Receipt this Period
250.00

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

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

2250.00

**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 21 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GUILLERMO DE LA VINA

Mailing Address 19167 BRIARFIELD WAY

City State Zip Code
TARZANA CA 91356

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

Name of Employer Occupation
SIGUE CORP. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013

Transaction ID : INCA531

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT O'BRIEN

Mailing Address 524 DARTMOUTH PL.

City State Zip Code
LA CANADA CA 91011

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

Name of Employer Occupation
ARENT FOX LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : INCA532

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
COOPER BLANTON

Mailing Address 49155 RANCHO POINTE

City State Zip Code
LA QUINTA CA 92253

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013

Transaction ID : INCA560

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 22 OF 127	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA GLASER		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 10250 CONSTELLATION BLVD. 19TH FL.		Transaction ID : INCA559
City LOS ANGELES	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GLASER, WAIL, FINK	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. ANDREW PUZDER		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 6307 CARPINTERIA AVE.		Transaction ID : INCA558
City CARPINTERIA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CKE RESTAURANTS	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. VINCENT BATAGLIA		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 75-181 MEDITERRANEAN AVE.		Transaction ID : INCA562
City PALM DESERT	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RENOVA	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**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 23 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES BROYLES

Mailing Address 128 VIA YELLA

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
WERNER CORP. CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA554

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JAMES BROYLES

Mailing Address 128 VIA YELLA

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
WERNER CORP. CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA556

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SHIRLEY HAYS

Mailing Address 56-059 WINGED FOOT

City State Zip Code
LA QUINTA CA 92253

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA553

Amount of Each Receipt this Period
250.00

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

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

2250.00

**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 24 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VICKI HOBART

Mailing Address 36989 PALMDALE RD.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA551

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MING KOU

Mailing Address 995 PASEO LA CRESTA

City PALOS VERDES ESTAT State CA Zip Code 90274

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

Name of Employer RED CHAMBER GROUP Occupation COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA561

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CAROL MINOR

Mailing Address 4080 PARK AVE.

City HEMET State CA Zip Code 92544

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

Name of Employer WAYNE MINOR MOTOR SPORTS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA550

Amount of Each Receipt this Period
 2600.00

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

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

3850.00

**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 25 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL MINOR

Mailing Address 4080 PARK AVE.

City HEMET State CA Zip Code 92544

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

Name of Employer WAYNE MINOR MOTOR SPORTS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA549

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WAYNE MINOR

Mailing Address P. O. BOX 490

City SAN JACINTO State CA Zip Code 92581

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

Name of Employer STERLING MOTORS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA547

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
WAYNE MINOR

Mailing Address P. O. BOX 490

City SAN JACINTO State CA Zip Code 92581

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

Name of Employer STERLING MOTORS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA548

Amount of Each Receipt this Period
100.00

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

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

2800.00

**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 26 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREDERICK NOBLE

Mailing Address 41700 CORPORATE WAY, #D

City PALM DESERT State CA Zip Code 92260

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

Name of Employer WINTEC ENERGY Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA545

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
FREDERICK NOBLE

Mailing Address 41700 CORPORATE WAY, #D

City PALM DESERT State CA Zip Code 92260

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

Name of Employer WINTEC ENERGY Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA546

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
FRED SANDS

Mailing Address 11611 SAN VICENTE BLVD.

City LOS ANGELES State CA Zip Code 90049

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

Name of Employer VINTAGE CAPITAL GROUP Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA563

Amount of Each Receipt this Period
1000.00

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

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

6200.00

**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 27 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD SMITH

Mailing Address 33 PALM DR.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA542

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DONALD VOYNE

Mailing Address 2145 E. TAHQUITZ CYN. #2

City PALM SPRINGS State CA Zip Code 92262

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

Name of Employer DONALD S. VOYNE D.D.S. Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : INCA540

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PEGGY CRAVENS

Mailing Address 899 ISLAND DR. #213

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA580

Amount of Each Receipt this Period
500.00

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

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

1600.00

**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 28 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM DOHENY JR.

Mailing Address 10877 WILSHIRE BLVD. #1406

City LOS ANGELES State CA Zip Code 90024

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

Name of Employer DOHENY ASSET MANAGEMENT Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA579

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
NAOMI ELLISON

Mailing Address 229 WOODRUFF AVE.

City LOS ANGELES State CA Zip Code 90024

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA578

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CHARISSA FARLEY

Mailing Address P. O. BOX 10946

City PALM DESERT State CA Zip Code 92255

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

Name of Employer FARLEY INTERLOCKNE Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA609

Amount of Each Receipt this Period
 125.00

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

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

1625.00

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

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

FOR LINE NUMBER: PAGE 29 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DONNA MACMILLAN

Mailing Address 74695 WREN DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA610

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MARGARET MCTAGUE

Mailing Address 211 LA PAZ WAY

City State Zip Code
Palm Desert CA 92260

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

Name of Employer Occupation
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA613

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
ROBERT NICKELL

Mailing Address 381 VAN NESS AVE. #1504

City State Zip Code
TORRANCE CA 90501

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA612

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

**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 30 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NARASIMHA RAO

Mailing Address 2381 TIGER TAIL LN.

City PALM SPRINGS State CA Zip Code 92264

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

Name of Employer DESERT HEART PHYSICIANS Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA576

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RONALD SNOW

Mailing Address 104 NETAS CT.

City PALM DESERT State CA Zip Code 92260

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA611

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA UEBERROTH

Mailing Address P. O. BOX 100

City LAGUNA BEACH State CA Zip Code 92652

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2013

Transaction ID : INCA575

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 31 OF 127
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAMELA WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 110 PRESIDIO PL.		Transaction ID : INCA574	
City Palm Dessert	State CA	Zip Code 92260	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer SAME-PAMELA WILLIAMS	Occupation CAREGIVER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

Full Name (Last, First, Middle Initial) B. RUSSELL DAVIS		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2013	
Mailing Address 45025 MANITOU DR. #15		Transaction ID : INCA615	
City Indian Wells	State CA	Zip Code 92210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SELF - RUSSELL DAVIS	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. DAVID HOROWITZ		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2013	
Mailing Address 27241 LA PAZ RD. #B		Transaction ID : INCA614	
City LAGUNA NIGUEL	State CA	Zip Code 92677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOROWITZ MANAGEMENT	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3725.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 32 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES PALMER

Mailing Address 38180 DEL WEBB BLVD. #208

City PALM DESERT State CA Zip Code 92211

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : INCA617

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CATHY SMITH

Mailing Address 76137 VIA AREZZO

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : INCA616

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH GIBBS

Mailing Address 74900 HWY 111 #222

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : INCA620

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 33 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JANET LANTERMAN

Mailing Address 1188 HARVARD AVE. E. #7

City SEATTLE State WA Zip Code 98102

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2013

Transaction ID : INCA621

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DAVID SANTOS

Mailing Address 2727 SOUTH RODEO GULCH RD.

City SOQUEL State CA Zip Code 95073

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2013

Transaction ID : INCA622

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
RODNEY SWAN

Mailing Address 4172 CAMBRIDGE RD.

City LA CANADA State CA Zip Code 91011

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

Name of Employer SWAN FARMS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2013

Transaction ID : INCA618

Amount of Each Receipt this Period
 2600.00

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

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

3850.00

**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 34 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RODNEY SWAN

Mailing Address 4172 CAMBRIDGE RD.

City LA CANADA State CA Zip Code 91011

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

Name of Employer SWAN FARMS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : INCA619

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ROBERT OLSON

Mailing Address 2955 MAIN ST. FLR 3

City IRVINE State CA Zip Code 92614

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

Name of Employer R. D. OLSON CONSTRUCTION Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : INCA624

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
ROBERT OLSON

Mailing Address 2955 MAIN ST. FLR 3

City IRVINE State CA Zip Code 92614

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

Name of Employer R. D. OLSON CONSTRUCTION Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : INCA623

Amount of Each Receipt this Period
2600.00

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

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

7800.00

**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 35 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VINCENT BATTAGLIA

Mailing Address 75-181 MEDITERRANEAN AVE.

City PALM DESERT	State CA	Zip Code 92211
---------------------	-------------	-------------------

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

Name of Employer RENOVA	Occupation PRES.
----------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA645

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TIM BURGESS

Mailing Address P. O. BOX 28

City RIVERSIDE	State CA	Zip Code 92502
-------------------	-------------	-------------------

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

Name of Employer BURGESS MOVING & STORAGE	Occupation MANAGER
--	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA599

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT GILLILAND

Mailing Address 40-004 COOK ST. #3

City PALM DESERT	State CA	Zip Code 92211
---------------------	-------------	-------------------

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

Name of Employer GURALNICK & GILLILAND	Occupation ATTORNEY
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA643

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 36 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN GLESS

Mailing Address 1441 RAVENSWOOD LN.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer SELF - JOHN GLESS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA601

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT HADDON

Mailing Address 203 PIERCE HALL ANNEX

City RIVERSIDE State CA Zip Code 92521

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

Name of Employer UNIV. OF CALIF. Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA602

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ALFRED JOSEPH

Mailing Address 294 W. CRESTVIEW DR.

City PALM SPRINGS State CA Zip Code 92264

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

Name of Employer ISR, INC. Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA603

Amount of Each Receipt this Period
2600.00

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

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

4100.00

**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 37 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DARCY JOSEPH

Mailing Address 294 CRESTVIEW

City PALM SPRINGS State CA Zip Code 92264

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA604

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
DAVID KENNETT

Mailing Address 8 OAK TREE DR.

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer CAPITAL ALLIANCE CONSULTING Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA605

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
PAUL LIN

Mailing Address 142 TAPESTRY

City IRVINE State CA Zip Code 92603

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

Name of Employer GLORIOUS LAND CO. Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA642

Amount of Each Receipt this Period
 500.00

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

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

4100.00

**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 38 OF 127
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) KENNETH MILES		Date of Receipt M M / D D / Y Y Y Y 12 / 09 / 2013	
Mailing Address 8 AVENIDA ANDRA		Transaction ID : INCA644	
City PALM DESERT	State CA	Zip Code 92260	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3250.00		

Full Name (Last, First, Middle Initial) HARVEY NISKALA		Date of Receipt M M / D D / Y Y Y Y 12 / 09 / 2013	
Mailing Address 1311 VIA FORTUNA		Transaction ID : INCA669	
City PALM DESERT	State CA	Zip Code 92260	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer GLC ENTERPRISES	Occupation VICE PRES.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) KENNETH STREAM		Date of Receipt M M / D D / Y Y Y Y 12 / 09 / 2013	
Mailing Address 4201 BROCKTON AVE. #200		Transaction ID : INCA606	
City RIVERSIDE	State CA	Zip Code 92501	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer GRESHAM SAVAGE	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1625.00
TOTAL This Period (last page this line number only).....	_____

**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 39 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD WEGGELAND

Mailing Address 2834 RUMSEY DR.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer RAINCROS HOSPITALITY Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA607

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JACQUES YEAGER

Mailing Address P. O. BOX 127

City RIVERSIDE State CA Zip Code 92502

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

Name of Employer YEAGER BROTHERS Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : INCA608

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ELAINE HENDERSON

Mailing Address 10 STERLING PL.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer HASA INC. Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : INCA672

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 40 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL KALLAY

Mailing Address 100 EAST STEVENS RD. #506

City PALM SPRINGS	State CA	Zip Code 92262
----------------------	-------------	-------------------

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

Name of Employer MEDIVATORS	Occupation SALES
--------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 10 / 2013

Transaction ID : INCA646

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GABRIEL AGUIRRE

Mailing Address P. O. BOX 3646

City PALM DESERT	State CA	Zip Code 92261
---------------------	-------------	-------------------

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

Name of Employer RBC WEALTH MGT.	Occupation FINANCIAL ADVICER
-------------------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA648

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DOROTHY BRODERICK

Mailing Address 40593 DESERT CREEK LN.

City RANCHO MIRAGE	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer MARRIOTT	Occupation SALES
------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA597

Amount of Each Receipt this Period
500.00

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 41 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD BYRD

Mailing Address 74785 HWY 111 #101

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
SELF DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2013

Transaction ID : INCA598

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NACHHATTAR CHANDI

Mailing Address 46177 ROAD RUNNER LN.

City State Zip Code
LA QUINTA CA 92253

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

Name of Employer Occupation
ARCO TRAVEL CENTER TRAVEL AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2013

Transaction ID : INCA589

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
SUSANA CHANDI

Mailing Address 46177 ROAD RUNNER LN.

City State Zip Code
LA QUINTA CA 92253

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

Name of Employer Occupation
CHANDI GROUP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2013

Transaction ID : INCA590

Amount of Each Receipt this Period
2400.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER DESNOES

Mailing Address 47-475 VINTAGE DR. EAST

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
WESTWIND COMMUNICATIONS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA586

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SANDRA GOLDBECK

Mailing Address 38843 LO VELLIA CIR.

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA585

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ERIC GOSCH

Mailing Address 40415 TWIN SPRINGS RD.

City State Zip Code
HEMET CA 92544

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

Name of Employer Occupation
GOSCH AUTO GROUP AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA649

Amount of Each Receipt this Period
1500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 43 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GISELA GOSCH

Mailing Address 40415 TWIN SPRINGS RD.

City State Zip Code
HEMET CA 92544

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA650

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
JAN HARNIK

Mailing Address 73-901 SHADOW LAKE DR.

City State Zip Code
Palm Desert CA 92260

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

Name of Employer Occupation
N/A NONE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA591

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOAN HUBBARD

Mailing Address 72-980 FRED WARING DR., #B

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA595

Amount of Each Receipt this Period
2600.00

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

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

4600.00

**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 44 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOAN HUBBARD

Mailing Address 72-980 FRED WARING DR., #B

City PALM DESERT State CA Zip Code 92260

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA594

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
R. D. HUBBARD

Mailing Address 72-980 FRED WARING DR., #B

City PALM DESERT State CA Zip Code 92260

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

Name of Employer R. D. HUBBARD ENTERPRISES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA593

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
R. D. HUBBARD

Mailing Address 72-980 FRED WARING DR., #B

City PALM DESERT State CA Zip Code 92260

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

Name of Employer R. D. HUBBARD ENTERPRISES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA596

Amount of Each Receipt this Period
2600.00

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

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

7800.00

**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 45 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES MORLEY

Mailing Address 3190 SOUTH BASCOM, #220

City State Zip Code
SAN JOSE CA 95124

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

Name of Employer Occupation
JSM ENTERPRISES PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : INCA651

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CECELIA PERONI

Mailing Address 185 VIA SAN LUCIA

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
VIP MOTORS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : INCA592

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN PRENTICE

Mailing Address 1839 W. REDLANDS BLVD.

City State Zip Code
REDLANDS CA 92375

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

Name of Employer Occupation
EADIE & PAYNE CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : INCA653

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 46 OF 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARL ROWE

Mailing Address 11751 DAVIS ST.

City MORENO VALLEY State CA Zip Code 92557

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

Name of Employer INTEGRATED CARE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA652

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PETER SCHEER

Mailing Address 39-935 VISTA DEL SOL #102

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA667

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FRANCES SLATER

Mailing Address 43421 LACOVIA DR.

City BERMUDA DUNES State CA Zip Code 92203

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA666

Amount of Each Receipt this Period
100.00

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: PAGE 47 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAJESH VERMA

Mailing Address P. O. BOX 2628

City State Zip Code
PALM SPRINGS CA 92263

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

Name of Employer Occupation
SMOMAY PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : INCA587

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RONALD FRAGEN

Mailing Address 64893 SARAGOSSA DR.

City State Zip Code
PALM SPRINGS CA 92264

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

Name of Employer Occupation
SELF DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 12 / 2013

Transaction ID : INCA654

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
ROBERT GILLILAND

Mailing Address 40-004 COOK ST. #3

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer Occupation
GURALNICK & GILLILAND ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 12 / 2013

Transaction ID : INCA664

Amount of Each Receipt this Period
 250.00

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

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

2750.00

**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 48 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY LATTA

Mailing Address 79960 CEDAR CREST

City LA QUINTA State CA Zip Code 92253

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 12 / 2013

Transaction ID : INCA655

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
WESLEY AHLGREN

Mailing Address P. O. BOX 13451

City PALM DESERT State CA Zip Code 92255

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

Name of Employer HEMMINGWAY GRUOP Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA675

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MARY ALLISON

Mailing Address 202 WIKIL PL.

City PALM DESERT State CA Zip Code 92260

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

Name of Employer ALLISON STEELE & ASSOC. Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA674

Amount of Each Receipt this Period
 500.00

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 49 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NADIM BAHOU

Mailing Address 43864 CALLE DE VELARDO

City TEMECULA State CA Zip Code 92592

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

Name of Employer GLOBAL P.E.T. Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA688

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
NADIM BAHOU

Mailing Address 43864 CALLE DE VELARDO

City TEMECULA State CA Zip Code 92592

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

Name of Employer GLOBAL P.E.T. Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA687

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
DARLENE CASELLA

Mailing Address 81935 MOUNTAIN VIEW

City LA QUINTA State CA Zip Code 92253

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA656

Amount of Each Receipt this Period
1000.00

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

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

6000.00

**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 50 OF 127
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) MILISSA EPSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013	
Mailing Address 45558 WHISTLER CT.		Transaction ID : INCA633	
City INDIO	State CA	Zip Code 92201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer MITCH'S ON EL PASEO	Occupation RESTAURATEUR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) MILISSA EPSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013	
Mailing Address 45558 WHISTLER CT.		Transaction ID : INCA632	
City INDIO	State CA	Zip Code 92201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer MITCH'S ON EL PASEO	Occupation RESTAURATEUR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) MITCHELL EPSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013	
Mailing Address 45558 WHISTLER CT.		Transaction ID : INCA634	
City INDIO	State CA	Zip Code 92201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer MITCH'S ON EL PASEO	Occupation RESTAURATEUR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 51 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MITCHELL EPSTEIN

Mailing Address 45558 WHISTLER CT.

City State Zip Code
INDIO CA 92201

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

Name of Employer Occupation
MITCH'S ON EL PASEO RESTAURATEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA635

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
BRIAN JOHNSTON

Mailing Address 15 HILLCREST DR.

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
PACIFIC PREMIER BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA671

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS NOBLE

Mailing Address 74075 EL PASEO #A3

City State Zip Code
Palm Desert CA 92255

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

Name of Employer Occupation
NOBLE & CO. DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA668

Amount of Each Receipt this Period
500.00

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

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

3350.00

**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 52 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL PERONI

Mailing Address 185 VIA SAN LUCIA

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer THE ALTUM GROUP Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA660

Amount of Each Receipt this Period
 375.00

B. Full Name (Last, First, Middle Initial)
LAURENCE PITTS

Mailing Address 115 SOUTH INDIAN CANYON DR.

City PALM SPRINGS State CA Zip Code 92262

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

Name of Employer PLAZA INVESTMENT CO. Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA661

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
PATRICIA PYLE

Mailing Address 50255 VIA SIMPATICO

City LA QUINTA State CA Zip Code 92253

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA640

Amount of Each Receipt this Period
 800.00

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

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

1425.00

**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 53 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL SCHWARTZ

Mailing Address 111 N. SEPULVEDA BLVD. #336

City MANHATTAN BEACH	State CA	Zip Code 90266
-------------------------	-------------	-------------------

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

Name of Employer EQUITY MANAGEMENT CO.	Occupation REAL ESTATE BROKER
---	----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA638

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KATRINA STEINBERG

Mailing Address P. O. BOX 1845

City RANCHO MIRAGE	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer N/A	Occupation NOT EMPLOYED
-------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA662

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VARNER & BRANDT, LLP

Mailing Address 3750 UNIVERSITY AVE., #610

City RIVERSIDE	State CA	Zip Code 92501
-------------------	-------------	-------------------

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

Name of Employer	Occupation PARTNERSHIP
------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : INCA641

Amount of Each Receipt this Period
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 54 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GORDON BOURNS

Mailing Address 2019 POLO CT.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer BOURNS, INC. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : INCA697

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
THOMAS DIMARE

Mailing Address 82-025 AVE. 44

City INDIO State CA Zip Code 92201

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

Name of Employer DIMARE ENTERPRISE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : INCA685

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
NICHOLAS SIMON

Mailing Address 531 PARROTT DR.

City SAN MATEO State CA Zip Code 94402

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

Name of Employer CLARUS VENTURES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : INCA698

Amount of Each Receipt this Period
 2600.00

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

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

7200.00

**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 55 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUSAN SIMON

Mailing Address 531 PARROTT DR.

City SAN MATEO State CA Zip Code 94402

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : INCA699

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
MARY BISCHOFF

Mailing Address 9852 OAK HAVEN AVE.

City ST. LOUIS State MO Zip Code 63119

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

Name of Employer WASHINGTON UNIVERSITY Occupation ADMINISTRATIVE ASST.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : INCA702

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MARCELA O'REILLY

Mailing Address 65 S. SAN RAFAEL AVE.

City PASADENA State CA Zip Code 91105

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : INCA701

Amount of Each Receipt this Period
 2600.00

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

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

5450.00

**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 56 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS SPIEL

Mailing Address 3353 DURAHART ST.

City RIVERSIDE State CA Zip Code 92507

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

Name of Employer MCSPI Occupation RESTAURATEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : INCA700

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
JON BENNETT

Mailing Address 7477 CHATEAU RIDGE LN.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer FILTER RECYCLING Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : INCA703

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM KELLY

Mailing Address 74-000 COUNTRY CLUB DR. E-4

City PALM DESERT State CA Zip Code 92260

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

Name of Employer HEALTHSCAN IMAGING Occupation DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2013

Transaction ID : INCA692

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 57 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAJIDA MOURAD		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 700 MILAM ST. #800		Transaction ID : INCA693	
City HOUSTON	State TX	Zip Code 77002	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer CHENIERE ENERGY	
Name of Employer CHENIERE ENERGY		Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) B. EDWARD SMITH		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 33 PALM DR.		Transaction ID : INCA690	
City RANCHO MIRAGE	State CA	Zip Code 92270	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C		Name of Employer N/A	
Name of Employer N/A		Occupation NOT EMPLOYED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1550.00	

Full Name (Last, First, Middle Initial) C. THOMAS WILSON		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 26256 RIO VISTA DR.		Transaction ID : INCA689	
City HEMET	State CA	Zip Code 92543	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C		Name of Employer ST. OF CALIF.	
Name of Employer ST. OF CALIF.		Occupation FIELD REP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 225.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 1325.00
TOTAL This Period (last page this line number only).....	_____

**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 58 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DENISE BOWEN

Mailing Address 73460 FEATHER TRAIL

City PALM DESERT State CA Zip Code 92260

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

Name of Employer SELF Occupation INVENTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA774

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MANDY CALVANO

Mailing Address 74089 RUTLEDGE WAY

City PALM DESERT State CA Zip Code 92260

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

Name of Employer CUSTOM CARE SOLUTIONS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA735

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
CLASSIC INVESTMENT GROUP, LLC

Mailing Address 77-900 AVENUE OF THE STATES

City PALM DESERT State CA Zip Code 92211

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
 12 / 31 / 2013

Transaction ID : INCA800

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 59 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAN OLIPHANT

Mailing Address **77-900 AVENUE OF THE STATES**

City **PALM DESERT** State **CA** Zip Code **92211**

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

Name of Employer **CLASSIC INVESTMENT GROUP, LLC** Occupation **MEMBER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : IDTA8

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD OLIPHANT

Mailing Address **45-500 NAVAJO RD.**

City **INDIAN WELLS** State **CA** Zip Code **92210**

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

Name of Employer **OLIPHANT ENT., INC.** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : IDTA7

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KEN CRAIG

Mailing Address **4490 POINSETTIA ST.**

City **SAN LUIS OBISPO** State **CA** Zip Code **93401**

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

Name of Employer **US BANCORP** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : INCA778

Amount of Each Receipt this Period
2000.00

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 60 OF 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER FARRELL

Mailing Address 7220 ROMERO DR.

City LA JOLLA State CA Zip Code 92037

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

Name of Employer RESMED INC. Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA780

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DEBRA FOUTZ

Mailing Address P. O. BOX 1045

City HEMET State CA Zip Code 92546

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

Name of Employer PEHL, FOUTZ, FOUTZ & TEEGARDEN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA737

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
KAREN FOUTZ

Mailing Address 27287 TIERRA VERDE DR.

City HEMET State CA Zip Code 92544

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA739

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

**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 61 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEVIN FOUTZ

Mailing Address 26145 AVENIDA HORTENSIA

City HEMET State CA Zip Code 92544

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

Name of Employer ADVENTURE ENTERPRISES, LLC Occupation MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA736

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
MICHAEL FOUTZ

Mailing Address 1045 E. MORTONPL.

City HEMET State CA Zip Code 92543

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

Name of Employer FOUTZ TEEGARDEN & YOUNG Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA740

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
TODD FOUTZ

Mailing Address P. O. BOX 1045

City HEMET State CA Zip Code 92546

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

Name of Employer PEHL, FOUTZ, FOUTZ & TEEGARDEN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA738

Amount of Each Receipt this Period
 2600.00

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

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

7800.00

**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 62 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRETT GRANLUND

Mailing Address 1017 L ST. #901

City State Zip Code
SACRAMENTO CA 95814

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

Name of Employer Occupation
SELF LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA760

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRIAN HARNIK

Mailing Address 73901 SHADOW LAKE DR.

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
LAW OFFICE OF BRIAN HARNIK ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA746

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
BRIAN HARNIK

Mailing Address 73901 SHADOW LAKE DR.

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
LAW OFFICE OF BRIAN HARNIK ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA745

Amount of Each Receipt this Period
2100.00

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

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

2800.00

**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 63 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAN HARNIK

Mailing Address 73-901 SHADOW LAKE DR.

City State Zip Code
Palm Desert CA 92260

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

Name of Employer Occupation
N/A NONE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : INCA751

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOSEPH LANG

Mailing Address 1121 L ST. #100

City State Zip Code
SACRAMENTO CA 95814

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

Name of Employer Occupation
MILLER, LANG, HANSEN ATTORNE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : INCA753

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
RICARDO LORETTA

Mailing Address 40845 AVENIDA CALAFIA

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
LATAM REPRESENTATION CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : INCA742

Amount of Each Receipt this Period
500.00

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

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

4000.00

**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 64 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INDERMOHAN LUTHRA

Mailing Address 14 BUCKINGHAM WAY

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer SELF Occupation DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA725

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MALLOY FAMILY PARTNERS LP

Mailing Address 556 MALLOY CT.

City CORONA State CA Zip Code 92880

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

Name of Employer Occupation PARTNERSHIP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA789

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
SHARON MALLOY

Mailing Address 556 MALLOY CT.

City CORONA State CA Zip Code 92880

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

Name of Employer MALLOY FAMILY PARTNERS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : IDTA6

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]

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 65 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS MALLOY

Mailing Address 556 MALLOY CT.

City State Zip Code
CORONA CA 92880

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

Name of Employer Occupation
MALLOY FAMILY PARTNERS PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2014

Transaction ID : IDTA5

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ANGUS MCBAIN

Mailing Address 47100 W. ELDORADO DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : INCA750

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENNETH MILES

Mailing Address 8 AVENIDA ANDRA

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : INCA763

Amount of Each Receipt this Period
350.00

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

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

850.00

**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 66 OF 127
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) KENNETH MILES		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 8 AVENIDA ANDRA		Transaction ID : INCA764	
City PALM DESERT	State CA	Zip Code 92260	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00	
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3250.00		

Full Name (Last, First, Middle Initial) JOANN NICKERSON		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 86-705 AVENUE 54 #A		Transaction ID : INCA794	
City COACHELLA	State CA	Zip Code 92236	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) MARK NICKERSON		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 86-705 AVE. 54 SUITE A		Transaction ID : INCA793	
City COACHELLA	State CA	Zip Code 92236	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00	
Name of Employer PRIME TIME INT'L	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4400.00		

SUBTOTAL of Receipts This Page (optional).....	4050.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 67 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK NICKERSON

Mailing Address 86-705 AVE. 54 SUITE A

City State Zip Code
COACHELLA CA 92236

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

Name of Employer Occupation
PRIME TIME INT'L FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4400.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA792

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
MARK NICKERSON

Mailing Address 86-705 AVE. 54 SUITE A

City State Zip Code
COACHELLA CA 92236

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

Name of Employer Occupation
PRIME TIME INT'L FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4400.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA801

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROB PARKINS

Mailing Address 2051 S. RAMITAS WAY

City State Zip Code
PALM SPRINGS CA 92264

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

Name of Employer Occupation
MT. SAN JACINTO WINTER PARK PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA791

Amount of Each Receipt this Period
500.00

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

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

3100.00

**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 68 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLAY PERKINS

Mailing Address 17100 CIRCA DEL SUR

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA776

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT ROARK

Mailing Address 179 DESERT LAKES DR.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer ON-TIME PERFORMANCE Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA744

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
RAYMOND RODRIGUEZ

Mailing Address 39417 PALACE DR.

City PALM DESERT State CA Zip Code 92211

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

Name of Employer SELF Occupation RESTAURATEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA743

Amount of Each Receipt this Period
 700.00

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

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

2700.00

**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 69 OF 127
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SMITH PUBLIC AFFAIRS

Mailing Address 1517 W. BRADEN CT. #A

City ORANGE State CA Zip Code 92868

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

Name of Employer Occupation
SOLE PROPRIETORSHIP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA788

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JEANNE REINHARDT

Mailing Address 1517 W. BRADEN CT. #A

City ORANGE State CA Zip Code 92868

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

Name of Employer Occupation
SMITH PUBLIC AFFAIRS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : IDTA4

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STEPHEN SMITH

Mailing Address 10206 CAMINITO NUEZ

City SAN DIEGO State CA Zip Code 92131

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

Name of Employer Occupation
BEST EFFORTS LETTER SENT 1/6/14 BEST EFFORTS LETTER SENT 1/6/14

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA755

Amount of Each Receipt this Period
250.00

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

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

500.00

**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 70 OF 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL STODDARD

Mailing Address 12223 HIGHLAND AVE. #586

City RANCHO CUCAMONGA	State CA	Zip Code 91739
--------------------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA756

Amount of Each Receipt this Period
1000.00

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

Mailing Address 29083 YNEZ RD.

City TEMECULA	State CA	Zip Code 92592
------------------	-------------	-------------------

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

Name of Employer APEX RADIOLOGY	Occupation RADIOLOGIST
------------------------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA773

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PAMELA WILLIAMS

Mailing Address 110 PRESIDIO PL.

City Palm Dessert	State CA	Zip Code 92260
----------------------	-------------	-------------------

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

Name of Employer SAME-PAMELA WILLIAMS	Occupation CAREGIVER
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : INCA752

Amount of Each Receipt this Period
50.00

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

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

1550.00

212950.00

**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 71 OF 127
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRIS MANN FOR STATE ASSEMBLY

Mailing Address 4201 BROCKTON AVE. #100

City RIVERSIDE State CA Zip Code 92501

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
 12 / 11 / 2013

Transaction ID : INCA584

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
JOHN F. TAVAGLIONE COUNTY SUPERVISOR

Mailing Address 3825 WESTWOOD DR.

City RIVERSIDE State CA Zip Code 92504

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
 12 / 16 / 2013

Transaction ID : INCA683

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MARY BONO MACK COMMITTEE

Mailing Address P. O. BOX 3370

City PALM SPRINGS State CA Zip Code 92263

FEC ID number of contributing federal political committee. **C** C00332890

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
 12 / 17 / 2013

Transaction ID : INCA630

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA584

DONOR'S FUNDS FROM PERMISSIBLE SOURCES

Form/Schedule: SA11C

Transaction ID: INCA683

Funds from permissible sources

**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 73 OF 127
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN COUNCIL OF ENGINEERING COMPANIES PAC		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 1015 15TH ST. NW		Transaction ID : INCA754	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00010868			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. ASSOCIATED BUILDERS & CONTRACTORS PAC		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 4250 N. FAIRFAX DR. 9TH FL.		Transaction ID : INCA741	
City ARLINGTON	State VA	Zip Code 22203	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00010421			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. EUREKA PAC		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address P. O. BOX 30844		Transaction ID : INCA727	
City BETHESDA	State MD	Zip Code 20824	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00390161			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	7000.00

**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 74 OF 127
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEW PAC

Mailing Address P. O. BOX 7480

City VISALIA State CA Zip Code 93290

FEC ID number of contributing federal political committee. **C** C00398750

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
 12 / 31 / 2013

Transaction ID : INCA734

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
PEACE THROUGH STRENGTH PAC

Mailing Address P. O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00525824

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
 12 / 31 / 2013

Transaction ID : INCA728

Amount of Each Receipt this Period
 500.00

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

11750.00

**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 75 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 388.70 Transaction ID : EXPB304
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 346.25 Transaction ID : EXPB333
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EMOTIV		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 160 W. FOOTHILL PKWY @105-28		Amount of Each Disbursement this Period 100.00 Transaction ID : EXPB303
City CORONA	State CA	
Zip Code 92882	Purpose of Disbursement WEB HOSTING	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	834.95
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 76 OF 127			
	<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)
NESTANDE FOR CONGRESS

A. POLITICAL DATA INC.

Full Name (Last, First, Middle Initial)
Mailing Address 12501 IMPERIAL HWY #200

City NORWALK State CA Zip Code 90650

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 1000.00

Transaction ID : EXPB286

Category/Type: 001

B. REVOLVIS CONSULTING, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 7185 NAVAJO RD. #P

City SAN DIEGO State CA Zip Code 92119

Purpose of Disbursement CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 2500.00

Transaction ID : EXPB318

Category/Type: 001

C. ROOSTER

Full Name (Last, First, Middle Initial)
Mailing Address 819 ANCHORAGE PL.

City CHULA VISTA State CA Zip Code 91914

Purpose of Disbursement BROADCAST E-MAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 947.51

Transaction ID : EXPB301

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional) 4447.51

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 77 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 66.56
City BANNING State CA Zip Code 92220	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : EXPB295
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WAL MART		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 34500 MONTEREY AVE.		Amount of Each Disbursement this Period 66.56
City Palm Desert State CA Zip Code 92211	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : PDTB1EXPB295 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 37.75
City BANNING State CA Zip Code 92220	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : EXPB293
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	104.31
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 78 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 30.00 Transaction ID : EXPB291
City BANNING State CA Zip Code 92220	Purpose of Disbursement MEETING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 1750.00 Transaction ID : EXPB287
City BANNING State CA Zip Code 92220	Purpose of Disbursement CAMPAIGN CONSULTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 1110.12 Transaction ID : EXPB385
City Sacramento State CA Zip Code 95816	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2890.12
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 79 OF 127		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 549.70
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	Transaction ID : EXPB420
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 169.00
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement MERCHANT FEE	Transaction ID : EXPB397
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. REVOLVIS CONSULTING, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 7185 NAVAJO RD. #P		Amount of Each Disbursement this Period 72.00
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : EXPB405
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	790.70
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 80 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 300 S. HIGHLAND SPRINGS AVE			Amount of Each Disbursement this Period 1750.00	
City BANNING	State CA	Zip Code 92220	Transaction ID : EXPB419	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. GREG WALLIS			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 300 S. HIGHLAND SPRINGS AVE			Amount of Each Disbursement this Period 83.14	
City BANNING	State CA	Zip Code 92220	Transaction ID : EXPB415	
Purpose of Disbursement SUPPLIES		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. OFFICEMAX			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 73411 HWY H			Amount of Each Disbursement this Period 83.14	
City PALM DESERT	State CA	Zip Code 92210	Transaction ID : PDTB4EXPB415	
Purpose of Disbursement SUPPLIES		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1833.14
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 81 OF 127		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 52.09
City BANNING State CA Zip Code 92220	Purpose of Disbursement SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : EXPB411
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. IHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 1840 SOUTH HARBOR		Amount of Each Disbursement this Period 52.09
City ANAHEIM State CA Zip Code 92802	Purpose of Disbursement MEETING Category/Type 001	
Candidate Name		Transaction ID : PDTB5EXPB411 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 71.72
City BANNING State CA Zip Code 92220	Purpose of Disbursement SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : EXPB413
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	123.81
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 82 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 72-811 HWY 111		Amount of Each Disbursement this Period 31.27
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement SUPPLIES	Transaction ID : PDTB6EXPB413
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 31.32
City BANNING	State CA	
Zip Code 92220	Purpose of Disbursement MEETING	Transaction ID : EXPB409
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE LUNCH BOX		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 74868 JONI DR.		Amount of Each Disbursement this Period 31.32
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement MEETING	Transaction ID : PDTB7EXPB409
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	31.32
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 83 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 91.38 Transaction ID : EXPB417
City BANNING State CA Zip Code 92220	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICEMAX		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 73411 HWY H		Amount of Each Disbursement this Period 91.38 Transaction ID : PDTB3EXPB417 [MEMO ITEM]
City PALM DESERT State CA Zip Code 92210	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 14.10 Transaction ID : EXPB407
City BANNING State CA Zip Code 92220	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	105.48
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 84 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 74801 HOVLEY LN.		Amount of Each Disbursement this Period 14.10
City PALM DESERT State CA Zip Code 92260	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : PDTB2EXPB407 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. EMOTIV		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 160 W. FOOTHILL PKWY @105-28		Amount of Each Disbursement this Period 100.00
City CORONA State CA Zip Code 92882	Purpose of Disbursement WEB HOSTING 004 Category/Type	
Candidate Name		Transaction ID : EXPB422
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 49.75
City Sacramento State CA Zip Code 95816	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name		Transaction ID : EXPB430
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	149.75
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 85 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address BOX 0001			Amount of Each Disbursement this Period 2079.92 Transaction ID : EXPB427
City Los Angeles	State CA	Zip Code 90096	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. KNOTTS BERRY FARM			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 8039 BEACH BLVD.			Amount of Each Disbursement this Period 312.15 Transaction ID : EDTB20EXPB427 [MEMO ITEM]
City BUENA PARK	State CA	Zip Code 90620	
Purpose of Disbursement LODGING		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. PENINSULA BEVERLY HILLS			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 9882 S. SANTA MONICA BLVD.			Amount of Each Disbursement this Period 933.50 Transaction ID : EDTB21EXPB427 [MEMO ITEM]
City BEVERLY HILLS	State CA	Zip Code 90212	
Purpose of Disbursement LODGING		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2079.92
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 86 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 901 S. COAST DR.		Amount of Each Disbursement this Period 447.84
City COSTA MESA	State CA	
Zip Code 92626	Purpose of Disbursement OFFICE EQUIP.	Transaction ID : EDTB23EXPB427
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 10320 W. OLYMPIC BLVD.		Amount of Each Disbursement this Period 262.81
City LOS ANGELES	State CA	
Zip Code 90064	Purpose of Disbursement LODGING	Transaction ID : EDTB22EXPB427
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MARRIOTT HOTEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 500 BAYVIEW CIR.		Amount of Each Disbursement this Period 161.33
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement LODGING	Transaction ID : EDTB24EXPB427
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 87 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LFG SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 522 AMIGOS DR. #A		Amount of Each Disbursement this Period 270.00
City REDLANDS	State CA	
Zip Code 92373	Purpose of Disbursement PRINTING	Transaction ID : EXPB439
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PLUVIOUS GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 515 S. FIGUEROA ST. 16TH FL.		Amount of Each Disbursement this Period 11290.39
City LOS ANGELES	State CA	
Zip Code 90071	Purpose of Disbursement FUNDRAISING CONSULTING AND EXPENSES	Transaction ID : EXPB426
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address P. O. BOX 660108		Amount of Each Disbursement this Period 125.15
City DALLAS	State TX	
Zip Code 75266	Purpose of Disbursement PHONE SVC.	Transaction ID : EXPB425
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11685.54
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 88 OF 127		
	<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)
NESTANDE FOR CONGRESS

A. EFUNDRAISING CONNECTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2013

Amount of Each Disbursement this Period: 52.37

Transaction ID : EXPB445

Category/Type: 001

B. POLITICAL DATA INC.

Full Name (Last, First, Middle Initial)

Mailing Address 12501 IMPERIAL HWY #200

City NORWALK State CA Zip Code 90650

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2013

Amount of Each Disbursement this Period: 1000.00

Transaction ID : EXPB446

Category/Type: 001

C. GREG WALLIS

Full Name (Last, First, Middle Initial)

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City BANNING State CA Zip Code 92220

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2013

Amount of Each Disbursement this Period: 194.39

Transaction ID : EXPB455

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1246.76

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 89 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 44449 TOWN CENTER WAY		Amount of Each Disbursement this Period 194.39
City Palm Desert	State CA	Zip Code 92260
Purpose of Disbursement OFFICE EQUIPMENT	Category/ Type 001	
Candidate Name		Transaction ID : PDTB9EXPB455 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 35.35
City BANNING	State CA	Zip Code 92220
Purpose of Disbursement SUPPLIES	Category/ Type 001	
Candidate Name		Transaction ID : EXPB451
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 138.00
City BANNING	State CA	Zip Code 92220
Purpose of Disbursement POSTAGE	Category/ Type 001	
Candidate Name		Transaction ID : EXPB453
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	173.35
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 90 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 74801 HOVLEY LN.		Amount of Each Disbursement this Period 92.00
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement POSTAGE	Transaction ID : PDTB8EXPB453
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 1750.00
City BANNING	State CA	
Zip Code 92220	Purpose of Disbursement CAMPAIGN CONSULTING	Transaction ID : EXPB447
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BIEBER COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 3609 N. MACARTHUR BLVD. #812		Amount of Each Disbursement this Period 758.29
City SANTA ANA	State CA	
Zip Code 92704	Purpose of Disbursement PRINTING	Transaction ID : EXPB460
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2508.29
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 91 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GINA NESTANDE			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013	
Mailing Address 22 CALLE LANTANA			Amount of Each Disbursement this Period 502.50	
City PALM DESERT	State CA	Zip Code 92260	Transaction ID : EXPB459	
Purpose of Disbursement MILEAGE		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013	
Mailing Address P. O. BOX 9622			Amount of Each Disbursement this Period 100.00	
City MISSION HILLS	State CA	Zip Code 91346	Transaction ID : EDTB25EXPB459	
Purpose of Disbursement PHONE SVC.		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. REVOLVIS CONSULTING, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013	
Mailing Address 7185 NAVAJO RD. #P			Amount of Each Disbursement this Period 2530.00	
City SAN DIEGO	State CA	Zip Code 92119	Transaction ID : EXPB458	
Purpose of Disbursement PRINTING		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3032.50
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 92 OF 127		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. EFUNDRAISING CONNECTIONS

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 05 / 2013

Amount of Each Disbursement this Period
33.50

Transaction ID : EXPB464

Category/Type
001

Full Name (Last, First, Middle Initial)
B. FIELD OF HONOR

Mailing Address 4080 PARK AVE.

City HEMET State CA Zip Code 92544

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 06 / 2013

Amount of Each Disbursement this Period
1000.00

Transaction ID : EXPB470

Category/Type
012

Full Name (Last, First, Middle Initial)
C. SETH HOWELL

Mailing Address 74-478 HWY 111, #112

City PALM DESERT State CA Zip Code 92660

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 06 / 2013

Amount of Each Disbursement this Period
1200.00

Transaction ID : EXPB465

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 2233.50

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 93 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REVOLVIS CONSULTING, INC.			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 7185 NAVAJO RD. #P			Amount of Each Disbursement this Period 2500.00	
City SAN DIEGO	State CA	Zip Code 92119	Transaction ID : EXPB469	
Purpose of Disbursement CAMPAIGN ADVICE		001 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MARC TROAST			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 5887 VIA LAS NUBES			Amount of Each Disbursement this Period 1324.70	
City RIVERSIDE	State CA	Zip Code 92506	Transaction ID : EXPB467	
Purpose of Disbursement TRAVEL EXP.		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address WWW.AMTRAK.COM			Amount of Each Disbursement this Period 321.00	
City	State	Zip Code	Transaction ID : PDTB10EXPB467	
Purpose of Disbursement RAIL FARE		002 Category/Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3824.70
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 94 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 616.90
City SACRAMENTO State CA Zip Code 95838	Purpose of Disbursement AIRFARE 002 Category/Type	
Candidate Name		Transaction ID : PDTB11EXPB467 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 3400 SKYHARBOR BLVD.		Amount of Each Disbursement this Period 386.80
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement AIRFARE 002 Category/Type	
Candidate Name		Transaction ID : PDTB12EXPB467 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 736.00
City SACRAMENTO State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC. 001 Category/Type	
Candidate Name		Transaction ID : EXPB476
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	736.00
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 95 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LFG SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 522 AMIGOS DR. #A		Amount of Each Disbursement this Period 324.00
City REDLANDS	State CA	
Zip Code 92373	Purpose of Disbursement SUPPLIES	Transaction ID : EXPB475
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PLUVIOUS GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 515 S. FIGUEROA ST. 16TH FL.		Amount of Each Disbursement this Period 5058.36
City LOS ANGELES	State CA	
Zip Code 90071	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : EXPB474
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LARA SAUNDERS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 207 SHORELINE PKWY		Amount of Each Disbursement this Period 1987.50
City TEGA CAY	State SC	
Zip Code 29708	Purpose of Disbursement FUNDRAISING COMMISSION	Transaction ID : EXPB473
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7369.86
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 96 OF 127	
	<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)
NESTANDE FOR CONGRESS

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address BOX 0001

City Los Angeles State CA Zip Code 90096

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2013

Amount of Each Disbursement this Period: 1886.65

Transaction ID : EXPB487

Category/Type: 002

B. SHERATON PARK HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 1855 S. HARBOR BLVD.

City ANAHEIM State CA Zip Code 92802

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2013

Amount of Each Disbursement this Period: 375.24

Transaction ID : EDTB34EXPB487

[MEMO ITEM]

Category/Type: 002

C. SHERATON PARK HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 1855 S. HARBOR BLVD.

City ANAHEIM State CA Zip Code 92802

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2013

Amount of Each Disbursement this Period: 417.78

Transaction ID : EDTB33EXPB487

[MEMO ITEM]

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... 1886.65

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 97 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WAL MART		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 702 S.W. 8TH ST.		Amount of Each Disbursement this Period 41.80
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : EDTB32EXPB487 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SANDTRAP SPORT BAR		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 892 W. OAK VALLEY PKWY		Amount of Each Disbursement this Period 103.28
City BEAUMONT State CA Zip Code 92223	Purpose of Disbursement MEETING 001 Category/Type	
Candidate Name		Transaction ID : EDTB31EXPB487 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CROWNE PLAZ		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 12021 HARBOR BLVD.		Amount of Each Disbursement this Period 130.39
City GARDEN GROVE State CA Zip Code 92840	Purpose of Disbursement LODGING 002 Category/Type	
Candidate Name		Transaction ID : EDTB30EXPB487 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 98 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 814 KING ST.		Amount of Each Disbursement this Period 162.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PRINTING	Transaction ID : EDTB28EXPB487
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SWANK MOTION PICTURE INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 10795 WATSON RD.		Amount of Each Disbursement this Period 471.00
City ST. LOUIS	State MO	
Zip Code 63127	Purpose of Disbursement SUPPLIES	Transaction ID : EDTB29EXPB487
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. LOS ANGELES AIRPORT MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address LOS ANGELES AIRPORT		Amount of Each Disbursement this Period 46.51
City LOS ANGELES	State CA	
Zip Code 90045	Purpose of Disbursement LODGING	Transaction ID : EDTB27EXPB487
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 99 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LOS ANGELES AIRPORT MARRIOTT			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address LOS ANGELES AIRPORT			Amount of Each Disbursement this Period 138.65
City LOS ANGELES	State CA	Zip Code 90045	Transaction ID : EDTB26EXPB487 [MEMO ITEM]
Purpose of Disbursement LODGING		Category/ Type 002	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. CALIF. INLAND EMPIRE BOY SCOUTS			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address P. O. BOX 8910			Amount of Each Disbursement this Period 250.00
City REDLANDS	State CA	Zip Code 92375	Transaction ID : EXPB488
Purpose of Disbursement CHARITY DINNER		Category/ Type 001	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. EMOTIV			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 160 W. FOOTHILL PKWY @105-28			Amount of Each Disbursement this Period 100.00
City CORONA	State CA	Zip Code 92882	Transaction ID : EXPB489
Purpose of Disbursement WEB HOSTING		Category/ Type 004	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	350.00
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 100 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WHITE BROTHERS INVESEMENTS

Mailing Address 71-905 HWY 111 #E

City RANCHO MIRAGE State CA Zip Code 92270

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2013

Amount of Each Disbursement this Period: 2300.00

Transaction ID : EXPB485

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. EFUNDRAISING CONNECTIONS

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 238.47

Transaction ID : EXPB494

Category/Type: 001

Full Name (Last, First, Middle Initial)
C. GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City BANNING State CA Zip Code 92220

Purpose of Disbursement CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 1750.00

Transaction ID : EXPB504

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 4288.47

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 101 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 39.93 Transaction ID : EXPB498
City BANNING State CA Zip Code 92220	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 1650 E. 2ND ST.		Amount of Each Disbursement this Period 39.93 Transaction ID : PDTB13EXPB498 [MEMO ITEM]
City BEAUMONT State CA Zip Code 92223	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 108.00 Transaction ID : EXPB502
City BANNING State CA Zip Code 92220	Purpose of Disbursement POST OFFICE BOX RENT 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	147.93
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 102 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. THE MAIL BAG

Mailing Address 74478 HWY 111

City State Zip Code
Palm Desert CA 92260

Purpose of Disbursement
BOX RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 19 / 2013

Amount of Each Disbursement this Period
80.87

Transaction ID : PDTB15EXPB502

[MEMO ITEM]

Category/Type
001

Full Name (Last, First, Middle Initial)
B. GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
BANNING CA 92220

Purpose of Disbursement
GASOLINE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 19 / 2013

Amount of Each Disbursement this Period
80.87

Transaction ID : EXPB500

Category/Type
002

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

Mailing Address

City State Zip Code
BANNING CA

Purpose of Disbursement
GASOLINE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 19 / 2013

Amount of Each Disbursement this Period
80.87

Transaction ID : PDTB14EXPB500

[MEMO ITEM]

Category/Type
002

SUBTOTAL of Disbursements This Page (optional)..... 80.87

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 103 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BLACK DIAMOND VALET		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 12001 PIKE ST.		Amount of Each Disbursement this Period 100.00 Transaction ID : EXPB527
City RIVERSIDE State CA Zip Code 92505	Purpose of Disbursement VALET SERVICE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HISTORIC HEMET THEATRE FDTN.		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 220 E. FLORIDA AVE.		Amount of Each Disbursement this Period 538.00 Transaction ID : EXPB523
City HEMET State CA Zip Code 92543	Purpose of Disbursement FACILITY RENTAL Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. POLITICAL DATA INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 12501 IMPERIAL HWY #200		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB524
City NORWALK State CA Zip Code 90650	Purpose of Disbursement SOFTWARE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1638.00
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 104 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 26 / 2013

Amount of Each Disbursement this Period: 132.50

Transaction ID : EXPB533

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. ANGEL ESPINOZA

Mailing Address 3981 SOUTH BENKER AVE.

City LOS ANGELES State CA Zip Code 90062

Purpose of Disbursement CATERING FOR FUNDRAISER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 26 / 2013

Amount of Each Disbursement this Period: 1322.25

Transaction ID : EXPB537

Category/Type: 003

Full Name (Last, First, Middle Initial)

C. SETH HOWELL

Mailing Address 74-478 HWY 111, #112

City PALM DESERT State CA Zip Code 92660

Purpose of Disbursement PAYROLL & MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 26 / 2013

Amount of Each Disbursement this Period: 1450.14

Transaction ID : EXPB627

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 2904.89

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 105 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GINA NESTANDE		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 22 CALLE LANTANA		Amount of Each Disbursement this Period 250.00 Transaction ID : EXPB535
City PALM DESERT State CA Zip Code 92260	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SACRED HEART CHURCH AND SCHOOL		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 43775 DEEP CANYON RD.		Amount of Each Disbursement this Period 250.00 Transaction ID : PDTB16EXPB535 [MEMO ITEM]
City PALM DESERT State CA Zip Code 92660	Purpose of Disbursement MEETING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address BOX 0001		Amount of Each Disbursement this Period 6105.38 Transaction ID : EXPB538
City Los Angeles State CA Zip Code 90096	Purpose of Disbursement CREDIT CARD PAYMENT 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6355.38
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 106 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address WWW.FACEBOOK.COM		Amount of Each Disbursement this Period 22.47
City	State Zip Code	
Purpose of Disbursement INTERNET ADVERTISING	Candidate Name	Transaction ID : EDTB35EXPB538
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 79220 HWY 111		Amount of Each Disbursement this Period 1317.98
City	State Zip Code	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	Transaction ID : EDTB36EXPB538
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SIGNATURE PARTY RENTALS		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 2211 S. SUSAN ST.		Amount of Each Disbursement this Period 57.32
City	State Zip Code	
Purpose of Disbursement TABLES FOR CAMPAIGN EVENT	Candidate Name	Transaction ID : EDTB37EXPB538
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 107 OF 127	
	<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)
NESTANDE FOR CONGRESS

A. DATTILO'S RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 2288 E. FLORIDA AVE.

City HEMET State CA Zip Code 92544

Purpose of Disbursement CATERING FOR CAMPAIGN EVENT
Candidate Name
Category/Type 001

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 11 / 27 / 2013

Amount of Each Disbursement this Period: 467.81
Transaction ID : EDTB38EXPB538
[MEMO ITEM]

B. PANERA BREAD

Full Name (Last, First, Middle Initial)
Mailing Address 73075 HWY 111

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement CATERING FOR CAMPAIGN EVENT
Candidate Name
Category/Type 001

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 11 / 27 / 2013

Amount of Each Disbursement this Period: 150.12
Transaction ID : EDTB39EXPB538
[MEMO ITEM]

C. PENINSULA BEVERLY HILLS

Full Name (Last, First, Middle Initial)
Mailing Address 9882 S. SANTA MONICA BLVD.

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement LODGING
Candidate Name
Category/Type 002

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 11 / 27 / 2013

Amount of Each Disbursement this Period: 795.82
Transaction ID : EDTB40EXPB538
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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 108 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement												
A. SIGNATURE PARTY RENTALS		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>11 / 27 / 2013</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		11 / 27 / 2013								
M M / D D / Y Y Y Y														
11 / 27 / 2013														
Mailing Address 2211 S. SUSAN ST.		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>SANTA ANA</td> <td>CA</td> <td>93705</td> </tr> </table>		City	State	Zip Code	SANTA ANA	CA	93705	<table border="1"> <tr> <td>381.13</td> </tr> </table>		381.13				
City	State	Zip Code												
SANTA ANA	CA	93705												
381.13														
Purpose of Disbursement SUPPLIES FOR CAMPAIGN EVENT		Transaction ID : EDTB42EXPB538												
Candidate Name		[MEMO ITEM]												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>001</td> </tr> </table> Category/Type		001
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
001														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
B. SMART AND FINAL		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>11 / 27 / 2013</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		11 / 27 / 2013								
M M / D D / Y Y Y Y														
11 / 27 / 2013														
Mailing Address 2971 W. RAMSEY ST.		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>BANNING</td> <td>CA</td> <td>92220</td> </tr> </table>		City	State	Zip Code	BANNING	CA	92220	<table border="1"> <tr> <td>195.71</td> </tr> </table>		195.71				
City	State	Zip Code												
BANNING	CA	92220												
195.71														
Purpose of Disbursement SUPPLIES FOR CAMPAIGN EVENT		Transaction ID : EDTB41EXPB538												
Candidate Name		[MEMO ITEM]												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>001</td> </tr> </table> Category/Type		001
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
001														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
C. FACEBOOK		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>11 / 27 / 2013</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		11 / 27 / 2013								
M M / D D / Y Y Y Y														
11 / 27 / 2013														
Mailing Address WWW.FACEBOOK.COM		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td>60.00</td> </tr> </table>		60.00				
City	State	Zip Code												
60.00														
Purpose of Disbursement INTERNET ADVERTISING		Transaction ID : EDTB43EXPB538												
Candidate Name		[MEMO ITEM]												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>004</td> </tr> </table> Category/Type		004
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
004														

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 109 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HYATT REGENCY			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013	
Mailing Address 1203 L ST.			Amount of Each Disbursement this Period 204.17	
City SACRAMENTO	State CA	Zip Code 95814	Transaction ID : EDTB44EXPB538	
Purpose of Disbursement LODGING		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. APPLEBEE'S			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013	
Mailing Address 74999 FRANK SINATRA DR.			Amount of Each Disbursement this Period 31.73	
City PALM DESERT	State CA	Zip Code 92260	Transaction ID : EDTB45EXPB538	
Purpose of Disbursement MEAL		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. ISLAND HOTEL			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013	
Mailing Address 690 NEWPORT CENTER DR.			Amount of Each Disbursement this Period 1514.38	
City NEWPORT BEACH	State CA	Zip Code 92660	Transaction ID : EDTB46EXPB538	
Purpose of Disbursement LODGING		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" 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).....	

**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 110 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROSETTA STONE		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address WWW.ROSETTASTONE.COM		Amount of Each Disbursement this Period 135.67
City	State Zip Code	
Purpose of Disbursement SOFTWARE	Candidate Name	Transaction ID : EDTB48EXPB538
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RING CENTRAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 999 BAKER WAY		Amount of Each Disbursement this Period 46.42
City	State Zip Code	
Purpose of Disbursement ANSWERING SERVICE	Candidate Name	Transaction ID : EDTB49EXPB538
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MILLENNIUM BILTMORE		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 506 S. GRAND AVE.		Amount of Each Disbursement this Period 354.78
City	State Zip Code	
Purpose of Disbursement LODGING	Candidate Name	Transaction ID : EDTB47EXPB538
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 111 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CROWNE PLAZ		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 12021 HARBOR BLVD.		Amount of Each Disbursement this Period 229.03
City GARDEN GROVE	State CA Zip Code 92840	
Purpose of Disbursement LODGING	Category/Type 002	Transaction ID : EDTB50EXPB538 [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 8.00
City SACRAMENTO	State CA Zip Code 95838	
Purpose of Disbursement TRAVEL EXP.	Category/Type 002	Transaction ID : EDTB51EXPB538 [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JB SIGNS & DESIGNS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 47120 DUNE PALMS #B-2		Amount of Each Disbursement this Period 648.00
City LA QUINTA	State CA Zip Code 92253	
Purpose of Disbursement T-SHIRTS	Category/Type 004	Transaction ID : EXPB581
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	648.00
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 112 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 1750.00 Transaction ID : EXPB539
City BANNING	State CA	
Zip Code 92220	Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 282.52 Transaction ID : EXPB566
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. REVOLVIS CONSULTING, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 7185 NAVAJO RD. #P		Amount of Each Disbursement this Period 2500.00 Transaction ID : EXPB557
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4532.52
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 113 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BLACK DIAMOND VALET		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 12001 PIKE ST.		Amount of Each Disbursement this Period 230.00 Transaction ID : EXPB567
City RIVERSIDE State CA Zip Code 92505	Purpose of Disbursement VALET SERVICE FOR FUNDRAISER Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ALONSO LEDEZMA		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 168 SOLANA ST.		Amount of Each Disbursement this Period 300.00 Transaction ID : EXPB569
City SAN JACINTO State CA Zip Code 92582	Purpose of Disbursement FUNDRAISING DINNER Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FLEMMING'S PRIME STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 71800 HWY 111		Amount of Each Disbursement this Period 300.00 Transaction ID : PDTB17EXPB569 [MEMO ITEM]
City RANCHO MIRAGE State CA Zip Code 92270	Purpose of Disbursement FUNDRAISING DINNER Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	530.00
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 114 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EFUNDRAISING CONNECTIONS			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 1267.37	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB625	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. GREG WALLIS			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013	
Mailing Address 300 S. HIGHLAND SPRINGS AVE			Amount of Each Disbursement this Period 1914.20	
City BANNING	State CA	Zip Code 92220	Transaction ID : EXPB628	
Purpose of Disbursement PAYROLL & MILEAGE		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address BOX 0001			Amount of Each Disbursement this Period 23.05	
City Los Angeles	State CA	Zip Code 90096	Transaction ID : EXPB629	
Purpose of Disbursement SUPPLIES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3204.62
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 115 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WAL MART			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 34500 MONTEREY AVE.			Amount of Each Disbursement this Period 911.87 Transaction ID : EDTB52EXPB629
City Palm Desert	State CA	Zip Code 92211	
Purpose of Disbursement SUPPLIES		Category/ Type 001	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. EFUNDRAISING CONNECTIONS			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 793.12 Transaction ID : EXPB665
City Sacramento	State CA	Zip Code 95816	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address BOX 0001			Amount of Each Disbursement this Period 118.75 Transaction ID : EXPB686
City Los Angeles	State CA	Zip Code 90096	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	911.87
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 116 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RIVERSIDE MISSION FLORIST		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 3900 MARKET ST.		Amount of Each Disbursement this Period 118.75
City RIVERSIDE	State CA	
Zip Code 92501	Purpose of Disbursement FLOWERS FOR FUNDRAISER	Transaction ID : EDTB68EXPB686
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address BOX 0001		Amount of Each Disbursement this Period 2438.48
City Los Angeles	State CA	
Zip Code 90096	Purpose of Disbursement CREDIT CARD PAYMENT	Transaction ID : EXPB678
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COLLEGE OF THE DESERT FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 43500 MONTEREY AVE.		Amount of Each Disbursement this Period 150.00
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement CHARITABLE DONATION	Transaction ID : EDTB53EXPB678
Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2438.48
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 117 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PALM DESERT CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 72559 HWY 111		Amount of Each Disbursement this Period 120.00
City PALM DESERT	State CA	
Zip Code 92660	Purpose of Disbursement DUES	Transaction ID : EDTB54EXPB678 [MEMO ITEM]
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AOL LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 22020 BRODERICK DR		Amount of Each Disbursement this Period 28.99
City DULLES	State VA	
Zip Code 20166	Purpose of Disbursement INTERNET SERVICE	Transaction ID : EDTB55EXPB678 [MEMO ITEM]
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DESERT WILLOW GOLF COURSE		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 38-995 DESERT WILLOW DR.		Amount of Each Disbursement this Period 10.00
City Palm Desert	State CA	
Zip Code 92260	Purpose of Disbursement MEETING	Transaction ID : EDTB58EXPB678 [MEMO ITEM]
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 118 OF 127			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SIRIUSXM.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 1221 AVENUE OF THE AMERICAS 36TH F		Amount of Each Disbursement this Period 123.63
City NEW YORK State NY Zip Code 10020	Purpose of Disbursement RADIO SERVICE Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : EDTB56EXPB678 [MEMO ITEM]
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ELECTIONMALL.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address WWW.ELECTIONMALL.COM		Amount of Each Disbursement this Period 225.00
City State Zip Code	Purpose of Disbursement INTERNET ADVERTISING Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : EDTB59EXPB678 [MEMO ITEM]
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. CSUSB PHILANTHROPIC		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 5500 UNIVERSITY PKWY		Amount of Each Disbursement this Period 150.00
City SAN BERNARDINO State CA Zip Code 92407	Purpose of Disbursement CHARITABLE DONATION Category/Type 012	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : EDTB64EXPB678 [MEMO ITEM]
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 119 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE MAIL BAG		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 74478 HWY 111		Amount of Each Disbursement this Period 26.51
City Palm Desert	State CA	
Zip Code 92260	Purpose of Disbursement P.O. BOX RENTAL	Transaction ID : EDTB65EXPB678 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTIONMALL.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address WWW.ELECTIONMALL.COM		Amount of Each Disbursement this Period 400.00
City	State	
Zip Code	Purpose of Disbursement INTERNET ADVERTISING	Transaction ID : EDTB60EXPB678 [MEMO ITEM]
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RING CENTRAL		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 999 BAKER WAY		Amount of Each Disbursement this Period 46.42
City SAN MATEO	State CA	
Zip Code 94404	Purpose of Disbursement ANSWERING SERVICE	Transaction ID : EDTB66EXPB678 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 120 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LINKEDIN.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address WWW.LINKEDIN.COM		Amount of Each Disbursement this Period 479.40
City CYBERSPACE	State CA	
Zip Code 95115	Purpose of Disbursement INTERNET ADVERTISING	Transaction ID : EDTB61EXPB678 [MEMO ITEM]
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address P. O. BOX 54977		Amount of Each Disbursement this Period 106.31
City Los Angeles	State CA	
Zip Code 90054	Purpose of Disbursement PHONE SVC.	Transaction ID : EDTB67EXPB678 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address WWW.FACEBOOK.COM		Amount of Each Disbursement this Period 30.00
City	State	
Zip Code	Purpose of Disbursement INTERNET ADVERTISING	Transaction ID : EDTB57EXPB678 [MEMO ITEM]
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 121 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address WWW.FACEBOOK.COM		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement INTERNET ADVERTISING	Candidate Name	Transaction ID : EDTB62EXPB678
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ROSETTA STONE		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address WWW.ROSETTASTONE.COM		Amount of Each Disbursement this Period 89.80
City	State Zip Code	
Purpose of Disbursement SOFTWARE	Candidate Name	Transaction ID : EDTB63EXPB678
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 677.20
City	State Zip Code	
Purpose of Disbursement ACCOUNTING SVC.	Candidate Name	Transaction ID : EXPB677
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	677.20
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 122 OF 127	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EMOTIV		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 160 W. FOOTHILL PKWY @105-28		Amount of Each Disbursement this Period 100.00 Transaction ID : EXPB676
City CORONA State CA Zip Code 92882	Purpose of Disbursement WEB HOSTING 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON CALIFORNIA		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address P. O.BOX 920041		Amount of Each Disbursement this Period 283.12 Transaction ID : EXPB679
City DALLAS State TX Zip Code 75392	Purpose of Disbursement PHONE SVC. 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 838.25 Transaction ID : EXPB714
City Sacramento State CA Zip Code 95816	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1221.37
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 123 OF 127		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period
6.93

Transaction ID : EXPB724

Category/Type
001

Full Name (Last, First, Middle Initial)

B.

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

C.

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 6.93

TOTAL This Period (last page this line number only)..... 78024.69

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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SETH HOWELL

Mailing Address 74-478 HWY 111, #112

City State Zip Code
 PALM DESERT CA 92660

Nature of Debt (Purpose):
MILEAGE

Outstanding Balance Beginning This Period **0.00** **Transaction ID : PAYD716**

Amount Incurred This Period **59.63** Payment This Period **0.00** Outstanding Balance at Close of This Period **59.63**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
REVOLVIS CONSULTING, INC.

Mailing Address 7185 NAVAJO RD. #P

City State Zip Code
 SAN DIEGO CA 92119

Nature of Debt (Purpose):
TRAVEL EXPENSE

Outstanding Balance Beginning This Period **72.00** **Transaction ID : PAYD392**

Amount Incurred This Period **0.00** Payment This Period **72.00** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address 7185 NAVAJO RD. #P

City State Zip Code
 SAN DIEGO CA 92119

Nature of Debt (Purpose):
OFFICE EQUIPMENT

Outstanding Balance Beginning This Period **0.00** **Transaction ID : PAYD795**

Amount Incurred This Period **1797.60** Payment This Period **0.00** Outstanding Balance at Close of This Period **1797.60**

1) SUBTOTALS This Period This Page (optional)	1857.23
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)	PAGE 125 OF 127
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROOSTER		Nature of Debt (Purpose): BROADCAST E-MAIL
Mailing Address 819 ANCHORAGE PL.		
City CHULA VISTA	State CA	Zip Code 91914

Outstanding Balance Beginning This Period <input type="text" value="947.51"/>	Transaction ID : PAYD300	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="947.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STACY DAVIS & ASSOC.		Nature of Debt (Purpose): FUNDRAISING COMMISSION
Mailing Address 24651 EVEREVE CIR. #1		
City LAKE FOREST	State CA	Zip Code 92630

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD841	
Amount Incurred This Period <input type="text" value="4407.37"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4407.37"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS		Nature of Debt (Purpose): SHIPPING
Mailing Address P. O. BOX 984820		
City LOS ANGELES	State CA	Zip Code 90189

Outstanding Balance Beginning This Period <input type="text" value="83.99"/>	Transaction ID : PAYD297	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="83.99"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="4407.37"/>
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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
BANNING CA 92220

Nature of Debt (Purpose):
MEETING

Outstanding Balance Beginning This Period **30.00** Transaction ID : PAYD288

Amount Incurred This Period **0.00** Payment This Period **30.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
BANNING CA 92220

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **37.75** Transaction ID : PAYD289

Amount Incurred This Period **0.00** Payment This Period **37.75** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
BANNING CA 92220

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **66.56** Transaction ID : PAYD290

Amount Incurred This Period **0.00** Payment This Period **66.56** Outstanding Balance at Close of This Period **0.00**

1) SUBTOTALS This Period This Page (optional)	0.00
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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
BANNING CA 92220

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **Transaction ID : PAYD720**

0.00

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

99.20 0.00 99.20

B. 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

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)	99.20
2) TOTALS This Period (last page this line number only)	6363.80
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6363.80