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FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authoriz	zed Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Troy Castagna for Co	ongress			
<u>.</u>				
ADDRESS (number and street)	28245 Ave Crocker #25	0		
Check if different than previously reported. (ACC)	Valencia		CA 9135	5
2. FEC IDENTIFICATION I	NUMBER ▼	CITY	STATE A	ZIP CODE
C C00557660		S THIS X NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  CA 25
4. TYPE OF REPORT (Co. (a) Quarterly Reports:  X April 15 Quarterly	(b) 12	Primary (12P)  Convention (12C)	General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly  October 15 Quarterly		Election on	/ Y = Y = Y	in the State of
January 31 Year-	End Report (YE) (c) 30	D-Day <b>POST</b> -Election Report for t	he:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo	` '	Election on	/ Y " Y " Y " Y	in the State of
5. Covering Period	01 01 / Y Y Y 20	14 through C	M / D D / Y	y y y y 2014
I certify that I have examined  Type or Print Name of Treasur		st of my knowledge and belief it i	s true, correct and cor	nplete.
	n Slater	[Electronically Filed]	Date 04	15 /
NOTE: Submission of false, erro	oneous, or incomplete inform	nation may subject the person signi	ng this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements

2014

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2014

03

To:

31

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Report Covering the Period:

Troy Castagna for Congress

From:

01

01

**COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 41265.00 41265.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 41265.00 41265.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 6429.79 6429.79 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 6429.79 6429.79 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 110335.21 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 91654.08 Schedule C and/or Schedule D).....

### 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**

FEC Form 3 (Revised 12/2003)

of Receipts

PAGE 3 / 19

Write or Type Committee Name

### Troy Castagna for Congress

01 2014 03 31 2014 Report Covering the Period: From: To:

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	40650.00	40650.00		
(ii) Unitemized	615.00	615.00		
(iii) TOTAL of contributions from individuals	41265.00	41265.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) The Candidate	0.00	0.00		
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	41265.00	41265.00		
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3. LOANS:  (a) Made or Guaranteed by the				
(a) Made or Guaranteed by the Candidate	75500.00	75500.00		
(b) All Other Loans(c) TOTAL LOANS	0.00	0.00		
(c) TOTAL LOANS (add Lines 13(a) and (b))	75500.00	75500.00		
4. OFFSETS TO OPERATING EXPENDITURES				
(Refunds, Rebates, etc.)	0.00	0.00		
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	116765.00	116765.00		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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_	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	6429.79	6429.79
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	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	6429.79	6429.79
	III. CASH S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)	116765.00
25.	SUBTOTAL (add Line 23 and Line 24)		116765.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fr	om Line 22)	6429.79
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	NG PERIOD	110335.21

## SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 19 (check only one) 11a 11b 11c 11d 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 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) Troy Castagna for Congress Full Name (Last, First, Middle Initial) Christopher G. Newbold Date of Receipt Mailing Address 23502 Cherry Street 2014 20 City State Zip Code **Transaction ID: INCA3** CA 91321 Newhall FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation Christopher Newbold Enrolled Agent/Tax Professional Receipt For: 2014 Election Cycle-to-Date | Primary General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Castagna Associates Date of Receipt Mailing Address 33055 Crown Valley Rd 03 03 2014 City State Zip Code **Transaction ID: INCA11** Acton CA 93510 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation John & Pam Castagna/Partnership Partnership Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 5200.00 Other (specify) Full Name (Last, First, Middle Initial) John Castagna Date of Receipt Mailing Address 33055 Crown Valley Rd 2014 03 City State Zip Code **Transaction ID: IDTA3** CA Acton 93510 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation John A. Castagna, CPA CPA Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] X General Primary 5200.00 Other (specify) 5200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	:	ь	OF	19
(check only one)									
X	11a		11b		11c		11	d	_
	12		13a		13b		14	ļ	15

An or	ny information copied from such Reports and stor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Troy Castagna for Congress	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial)  Castagna Associates  Mailing Address 33055 Crown Valley Rd		Date of Receipt	
	City	State Zip Code	03 03 2014	
	Acton	CA 93510	Transaction ID : INCA8	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer Partnership	Occupation John & Pam Castagna/Partnership	2600.00	
	Receipt For: 2014  Primary General Other (specify)	Election Cycle-to-Date 5200.00		
— В.	Full Name (Last, First, Middle Initial) Pamela Castagna	Date of Receipt		
	Mailing Address 33055 Crown Valley Rd	03 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Acton	Transaction ID : IDTA2		
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  2600.00		
	Name of Employer			
	None  Receipt For: 2014  Primary General  Other (specify)	Retired  Election Cycle-to-Date  5200.00	[МЕМО ІТЕМ]	
_	Full Name (Last, First, Middle Initial)  John Castagna		Date of Receipt	
C.	Mailing Address 33055 Crown Valley Rd	03 03 2014		
	City Acton	State Zip Code CA 93510	Transaction ID : INCA9	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer John A. Castagna, CPA	2600.00		
	Receipt For: 2014  Primary General Other (specify)	Election Cycle-to-Date 5200.00		
s	UBTOTAL of Receipts This Page (optional)		5200.00	
Т	OTAL This Period (last page this line number	only)		

FOR LINE NUMBER: **PAGE** 7 (check only one) 11a 11b 11c

OF

19

Use separate schedule(s) for each category of the 11d Detailed Summary Page 12 13a 13b 14 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) Troy Castagna for Congress Full Name (Last, First, Middle Initial) Pamela Castagna Date of Receipt Mailing Address 33055 Crown Valley Rd 03 2014 03 City State Zip Code **Transaction ID: INCA10** CA 93510 Acton FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation None Retired Receipt For: 2014 Election Cycle-to-Date Primary X General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Jill L. Newbold Date of Receipt Mailing Address 23502 Cherry St 03 04 2014 City State Zip Code **Transaction ID: INCA6** Newhall CA 91321 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Homemaker None Receipt For: 2014 Election Cycle-to-Date | Primary General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) R. Keith Farr Date of Receipt Mailing Address 9606 E Lompoc Ave 2014 14 City State Zip Code **Transaction ID: INCA18** ΑZ Mesa 85209 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation R. Keith Farr, DDS Dentist Receipt For: 2014 Election Cycle-to-Date | Y Primary General 1000.00 Other (specify) 6200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF 19 Use separate schedule(s) (check only one) 11a 11b 11d 11c 12 13a 13b

for each category of the Detailed Summary Page 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) Troy Castagna for Congress Full Name (Last, First, Middle Initial) Todd Castagna Date of Receipt Mailing Address 1234 Armacost Ave, #104 03 2014 25 City State Zip Code **Transaction ID: INCA23** CA 90025 Los Angeles FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation **RCLCO** Real Estate Receipt For: 2014 Election Cycle-to-Date | Primary General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Todd Castagna Date of Receipt Mailing Address 1234 Armacost Ave, #104 03 25 2014 City State Zip Code **Transaction ID: INCA24** Los Angeles CA 90025 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation **RCLCO** Real Estate Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Ken Cordova Date of Receipt Mailing Address 12300 S, SteC, PMB 172 138 2014 26 City State Zip Code **Transaction ID: INCA25** UT 84020 Draper FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Adobe Sr Program Manager Receipt For: 2014 Election Cycle-to-Date X General Primary 5200.00 Other (specify) 7800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF 19 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page 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) Troy Castagna for Congress Full Name (Last, First, Middle Initial) Ken Cordova Date of Receipt Mailing Address 12300 S, SteC, PMB 172 138 03 2014 26 City State Zip Code **Transaction ID: INCA26** UT 84020 Draper FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation Adobe Sr Program Manager Receipt For: 2014 Election Cycle-to-Date Primary General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Gaylee F. Carroll Date of Receipt Mailing Address 554 S 37th Street 03 27 2014 City State Zip Code **Transaction ID: INCA56** Mesa ΑZ 85206 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Stuart Boyse, DDS **Dental Hygenist** Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Christine Halladay Date of Receipt Mailing Address 23449 Oakrun Lane 2014 27 City State Zip Code **Transaction ID: INCA55** CA Newhall 91321 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation None Homemaker Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 1000.00 3850.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOF	R LINE	NU	MBER:		PAGE	1	IO OF	: <u>'</u>	19
Use separate schedule(s)	(check only one)									
for each category of the	X	11a		11b		11c		11d		
Detailed Summary Page		12		13a		13b		14		15
-										

		Statements may not be sold or used by any per e name and address of any political committee	
	NAME OF COMMITTEE (In Full) Troy Castagna for Congress		
Α.	Full Name (Last, First, Middle Initial) Christopher G. Newbold		Date of Receipt
	Mailing Address 23502 Cherry Street	03 27 2014	
	City Newhall	State Zip Code CA 91321	Transaction ID : INCA34
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 2600.00
	Name of Employer Christopher Newbold	Occupation Enrolled Agent/Tax Professional	2000.00
	Receipt For: 2014  Primary Seneral Other (specify)	Election Cycle-to-Date 5200.00	
В.	Full Name (Last, First, Middle Initial)  Jill L. Newbold		Date of Receipt
	Mailing Address 23502 Cherry St		03 27 2014
	City Newhall	State Zip Code CA 91321	Transaction ID : INCA35
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	2600.00
	None Receipt For: 2014	Homemaker  Election Cycle-to-Date	
	Primary General Other (specify)	5200.00	
_	Full Name (Last, First, Middle Initial)  Lynn M. Brown		Date of Receipt
C.	Mailing Address 11 Severndale Rd		03 28 2014
	City Severna Park	State Zip Code MD 21146	Transaction ID : INCA37
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Baltimore Washington Medical Center	Occupation Nurse	1000.00
	Receipt For: 2014  Primary General  Other (specify)	Election Cycle-to-Date	
Г	SUBTOTAL of Receipts This Page (optional)		6200.00

FOR LINE NUMBER: PAGE 11 OF 19 Use separate schedule(s) (check only one) 11a 11b 11d 11c 12

for each category of the Detailed Summary Page 13a 13b 14 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) Troy Castagna for Congress Full Name (Last, First, Middle Initial) Norris Construction Company Date of Receipt Mailing Address PO Box 55786 03 2014 28 City State Zip Code **Transaction ID: INCA38** CA 91385 Valencia FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Sole Proprietorship Norris Whitmore/Owner Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Norris Whitmore Date of Receipt Mailing Address PO Box 55786 03 28 2014 Citv State Zip Code **Transaction ID: IDTA4** Valencia CA 91385 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Owner Norris Construction Co Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Karen Castagna Date of Receipt Mailing Address 1131 Werth Ave 2014 31 City State Zip Code **Transaction ID: INCA45** CA Menlo Park 94025 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation None Homemaker Receipt For: 2014 Election Cycle-to-Date X General Primary 5200.00 Other (specify) 3100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 12 OF (check only one) 11a 11b 11c

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Use separate schedule(s) for each category of the 11d Detailed Summary Page 12 13a 13b 14 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) Troy Castagna for Congress Full Name (Last, First, Middle Initial) Karen Castagna Date of Receipt Mailing Address 1131 Werth Ave 03 2014 31 City State Zip Code Transaction ID: INCA44 CA 94025 Menlo Park FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation None Homemaker Receipt For: 2014 Election Cycle-to-Date Primary General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Bruce Hall Date of Receipt Mailing Address 25078 Peachland Ave, #E 03 31 2014 City State Zip Code **Transaction ID: INCA61** Newhall CA 91321 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Chiropractor Dr. Bruce Hall, DC Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 3100.00 SUBTOTAL of Receipts This Page (optional)..... 40650.00 TOTAL This Period (last page this line number only).....

General

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

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

Primary Other (specify)

Im	age# 14960704986			
	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 19 (check only one)  11a 11b 11c X 11d 12 13a 13b 14 15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  Troy Castagna for Congress			
۹.	Full Name (Last, First, Middle Initial) Troy J. Castagna - Personal Funds			Date of Receipt
	Mailing Address 29215 Discovery Ridge Dr			02 10 2014 _
	City Santa Clarita	State CA	Zip Code 91390	Transaction ID : PAYA4
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 4579.08
	Name of Employer TC Financial Group	Occupation Owner	n	Filing Fee & Website Costs
	Receipt For: 2014  Primary General  Other (specify)	Election C	ycle-to-Date 91079.08	[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial)  Troy J. Castagna - Personal Funds  Mailing Address 29215 Discovery Ridge Dr	Date of Receipt		
	City Santa Clarita	State CA	Zip Code 91390	03 04 2014 Transaction ID : PAYA7
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer TC Financial Group	Occupation Owner	n	Filing Fees
	Receipt For: 2014  Primary General  Other (specify)	Election C	ycle-to-Date 91079.08	[MEMO ITEM]
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address	M M M / D D / Y M Y M Y M Y		
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	
	Receipt For:	Election 0	vole to Date	

0.00

# S

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 19 (check only one)  11a 11b 11c 11d 11d 12 X 13a 13b 14 15
			12   X   13a     13b     14     15
NAME OF COMMITTEE (In Full)  Troy Castagna for Congress			
Full Name (Last, First, Middle Initial)  Troy J. Castagna - Personal Funds  Mailing Address 29215 Discovery Ridge Dr	3		Date of Receipt  02 20 2014
City Santa Clarita	State CA	Zip Code 91390	Transaction ID : PAYA2
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer TC Financial Group  Receipt For: 2014  Primary General Other (specify)	Occupation Owner Election Cy	/cle-to-Date 91079.08	500.00
Full Name (Last, First, Middle Initial)  Troy J. Castagna - Personal Fund Mailing Address 29215 Discovery Ridge Dr  City Santa Clarita  FEC ID number of contributing federal political committee.  Name of Employer TC Financial Group  Receipt For: 2014  Primary General Other (specify)	State CA C	Zip Code 91390 //cle-to-Date	Date of Receipt  03
Full Name (Last, First, Middle Initial)  Mailing Address  City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	Occupation Election Cy	/cle-to-Date	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	1		75500.00

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

# S

ln	nage# 14960704988	3					
	CHEDULE B	-		-	Use separate so for each categor Detailed Summa	ry of the	FOR LINE NUMBER: PAGE 15 OF 19 (check only one)    X   17
							person for the purpose of soliciting contributions e to solicit contributions from such committee.
<u>S</u>	NAME OF COMMI Troy Castag	ITTE	E (In Full)		address of any por	inical committee	e to solen communities.
Full Name (Last, First, Middle Initial)  A. Deluxe Check Printing							Date of Disbursement
	Mailing Address 3	3680	Victoria St N				02 25 2014
	City Shoreview			State MN	Zip Code 55126		Amount of Each Disbursement this Period
	Purpose of Disbur Check Printing Co		ent			001	120.06 Transaction ID : EXPB5
	Office Sought:		House Senate President	Disbursement For Primary Other (s	General	Category/ Type	
В.	State: District:  Full Name (Last, First, Middle Initial)  Venture Strategic Inc.  Mailing Address 2152 Dupont Drive, #210						Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City			State CA	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbur Campaign Consu	sem Ilting	ent Services		92612	001	5000.00  Transaction ID : EXPB17
	Candidate Name					Category/ Type	Transaction is . Ext 517
	Office Sought: State:	Dist		Disbursement For Primary Other (s	General		
C.	Full Name (Last, F Venture Stra		•				Date of Disbursement
	Mailing Address 2152 Dupont Drive, #210						03
					p Code 2612		Amount of Each Disbursement this Period
	Purpose of Disbur Campaign Manag	sem jeme	ent nt Services			001	1250.00  Transaction ID : EXPB15
	Candidate Name		Нацаа	Disbursement For	. 0044	Category/ Type	
	Office Sought:	Н	House Senate	Primary	General		

Other (specify)

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

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

President

District:

State:

Image# 14960704989				
SCHEDULE B (FEC Form TEMIZED DISBURSEMEN	-			FOR LINE NUMBER: PAGE 16 OF 19 (check only one)    X   17
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Troy Castagna for Congre		, ,		
Full Name (Last, First, Middle Initial)				Date of Disbursement
A. American Express				Date of Dispursement
Mailing Address Payment Center / PO	Box 0001			03 17 2014
City Los Angeles	State CA	Zip Code 90010		Amount of Each Disbursement this Period
Purpose of Disbursement Postage Costs			001	59.73 Transaction ID : EXPB19
Candidate Name			Category/ Type	Transaction ib . EXPB19
Office Sought:  House Senate President State: District:	Disbursement For Primary Other (s	General	71	
Full Name (Last, First, Middle Initial)  Federal Express  Mailing Address Payment Center				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TN	Zip Code 38101		Amount of Each Disbursement this Period
Memphis Purpose of Disbursement Postage Costs	IIV	36101	001	59.73
Candidate Name			Category/ Type	Transaction ID : EDTB1EXPB19  [MEMO ITEM]
Office Sought:  House Senate President State: District:	Disbursement For Primary Other (s	General	, ,,	
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y
City	State Zi	p Code		Amount of Each Disbursement this Period
Purpose of Disbursement				
Candidate Name			Category/ Type	
Office Sought: House Senate	Disbursement For Primary	: General		

Other (specify)

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

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

State:

President

District:

59.73

# SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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$\overline{v}$	13h

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List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Date  Balance Outstanding at Close of This Period  0.00  Interest Rate  V None  V (apr)  Name of Employer  Occupation
LOAN SOURCE Full Name (Last, First, Middle Initial)  Troy J. Castagna - Personal Funds  Mailing Address 29215 Discovery Ridge Dr  City State ZIP Cod Santa Clarita CA 91390  Original Amount of Loan Cumulative Payment To D  TERMS  Date Incurred Date Due  M 02	Primary General Other (specify)   Balance Outstanding at Close of This Period 0.00  Interest Rate  Y None  Occupation  Primary General Other (specify)  (apr)  Ves No
Troy J. Castagna - Personal Funds  Mailing Address 29215 Discovery Ridge Dr  City State ZIP Cod Santa Clarita CA 91390  Original Amount of Loan Cumulative Payment To Date Incurred Date Due  MO2 Date Incurred Date Due  MO2 Date Incurred Industry I	Primary General Other (specify)   Balance Outstanding at Close of This Period 0.00  Interest Rate  Y None  Occupation  Primary General Other (specify)  (apr)  Ves No
Mailing Address 29215 Discovery Ridge Dr  City State ZIP Cod Santa Clarita CA 91390  Original Amount of Loan Cumulative Payment To D  500.00  TERMS  Date Incurred Date Due  M02	General Other (specify)  Balance Outstanding at Close of This Period 0.00  Interest Rate V None V 0.00  Name of Employer  Occupation
29215 Discovery Ridge Dr  City State ZIP Cod Santa Clarita CA 91390  Original Amount of Loan Cumulative Payment To Description of Source Terms  Date Incurred Date Due Mo2 M M M M M M M M M M M M M M M M M M	Balance Outstanding at Close of This Period  0.00  Interest Rate  V None  V None  Name of Employer  Occupation
Santa Clarita  CA  91390  Original Amount of Loan  Cumulative Payment To Date Due  500.00  TERMS  Date Incurred  Date Due  02	Date  Balance Outstanding at Close of This Period  0.00  Interest Rate  V None  V (apr)  Name of Employer  Occupation
Original Amount of Loan  Cumulative Payment To Description of Desc	0.00  Interest Rate  V None  V None  Occupation  Secured:  Yes  No  No  No  No  No  No  No  No  No  N
TERMS  Date Incurred  Date Due  MO2	0.00  Interest Rate  V None  V None  Occupation  Secured:  Yes  No  No  No  No  No  No  No  No  No  N
TERMS  Date Incurred  Date Due  Mo2M / P20P / Y 2014 Y  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Interest Rate Secured:  None 0.00 % (apr) Yes No  Name of Employer  Occupation
Date Incurred    Date Due   Mo2	None O.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	None 0.00 % (apr) Yes No  Name of Employer  Occupation
1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Name of Employer Occupation
Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Occupation
City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	
City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	
Z. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Amount Guaranteed Outstanding:
City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Name of Employer
City State ZIP Code  3. Full Name (Last, First, Middle Initial)	Occupation
3. Full Name (Last, First, Middle Initial)	Amount
	Guaranteed Outstanding:
Mailing Address	Name of Employer
· ·	Occupation
	Amount Guaranteed
Oity Otate Zii Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
1 2	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

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DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full)		Transacti	ion ID : PAYC53
Troy Castagna for Congress			
LOAN SOURCE Full Name (Last, Firs	st, Middle Initial)		Election: 2014
Troy J. Castagna - Personal	Funds		<b>X</b> Primary
Mailing Address 29215 Discovery Ridge Dr			General Other (specify) ▼
	State ZIP Co	, de	
City Santa Clarita	State ZIP Co CA 91390	ode	
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
75000.00		0.00	75000.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M 03 / 31 / Y 2014 Y	M M / D D / YO	3/31/2015 0.00	% (apr)
List All Endorsers or Guarantors (if a	any) to Loan Source		Yes No
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
2. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed	
		Outstanding:	9
3. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed	
		Outstanding:	9
4. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (option	onal)	······	75000.00
TOTALS This Period (last page in this lin	e only)	······	75500.00
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.

# SCHEDULE D (FEC Form 3)

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TILDOLL D (I LO I OIIII O)			(Use separate	FOR LINE NUMBER:	
			schedule(s) for each	(check only one) 9	
oldanig Loano		numbered line	E) X 10		
ME OF COMMITTEE (In Full)					
Troy Castagna for Cor	aress				
A. Full Name (Last, First, Middle Initial) of Debt			Nature o	of Debt (Purpose):	
Campaign Compliance Group, Inc.				Financial Analyst	
Mailing Address 8001 Irvine Center Drive, #400					
City State	Zip Cod	le			
Irvine	CA	92618			
Outstanding Balance Beginning This Period			Transa	action ID : PAYD12	
0.00					
i Ti Di i	_		0.1.1		
Amount Incurred This Period		Payment This Period	Outsta	anding Balance at Close of This Perio	
575.00			0.00	575.00	
	0 10	,		( ) ( )	
B. Full Name (Last, First, Middle Initial) of Debto				of Debt (Purpose): fee & Website Costs	
Troy J. Castagna - Personal Fur	ius				
Mailing Address 29215 Discovery Ridge Dr					
City State Santa Clarita	Zip Cod CA	le 91390			
			<b>T</b>	estina ID. DAVD4	
Outstanding Balance Beginning This Period			Transa	action ID : PAYD4	
0.00					
Amount Incurred This Period	F	Payment This Period	Outsta	anding Balance at Close of This Perio	
4579.08			0.00	4579.08	
		7		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
C. Full Name (Last, First, Middle Initial) of Debt	or or Credito	r		of Debt (Purpose):	
Troy J. Castagna - Personal Fu	nds		Filing F	ees	
Mailing Address 20215 Discovery Ridge Dr					
Mailing Address 29215 Discovery Ridge Dr					
City	State	Zip Code			
City Santa Clarita	State CA	Zip Code 91390			
		·	Trans	action ID : PAYD7	
Santa Clarita		·	Trans	action ID : PAYD7	
Santa Clarita  Outstanding Balance Beginning This Period  0.00	CA	91390			
Santa Clarita  Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period	CA	91390 Payment This Period	Outsta	anding Balance at Close of This Perio	
Santa Clarita  Outstanding Balance Beginning This Period  0.00	CA	91390 Payment This Period			
Santa Clarita  Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period	CA	91390 Payment This Period	Outsta	anding Balance at Close of This Perio	
Santa Clarita  Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  11000.00	CA F	91390 Payment This Period	Outsta	anding Balance at Close of This Perio	
Santa Clarita  Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  11000.00  SUBTOTALS This Period This Page (optional)	CA F	91390 Payment This Period	Outsta	anding Balance at Close of This Perio	
Santa Clarita  Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  11000.00	CA F	91390 Payment This Period	Outsta	anding Balance at Close of This Perio	

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)