

# 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  
Troy Castagna for Congress

ADDRESS (number and street) 28245 Ave Crocker #250  
 Check if different than previously reported. (ACC) Valencia CA 91355

2. **FEC IDENTIFICATION NUMBER** ▼ C C00557660 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CA 25

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 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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

Type or Print Name of Treasurer Jen Slater

Signature of Treasurer Jen Slater *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 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

**Troy Castagna 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))....	<input type="text" value="41265.00"/>	<input type="text" value="41265.00"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="41265.00"/>	<input type="text" value="41265.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="6429.79"/>	<input type="text" value="6429.79"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="6429.79"/>	<input type="text" value="6429.79"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="110335.21"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="91654.08"/>	

**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

**Troy Castagna for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41265.00	41265.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	75500.00	75500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	75500.00	75500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>116765.00</b>	<b>116765.00</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6429.79	6429.79

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	116765.00
25. SUBTOTAL (add Line 23 and Line 24).....	116765.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6429.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	110335.21

**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 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher G. Newbold**

Mailing Address 23502 Cherry Street

City State Zip Code  
Newhall CA 91321

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

Name of Employer Occupation  
Christopher Newbold Enrolled Agent/Tax Professional

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2014

**Transaction ID : INCA3**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Castagna Associates**

Mailing Address 33055 Crown Valley Rd

City State Zip Code  
Acton CA 93510

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

Name of Employer Occupation  
Partnership John & Pam Castagna/Partnership

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : INCA11**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 33055 Crown Valley Rd

City State Zip Code  
Acton CA 93510

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

Name of Employer Occupation  
John A. Castagna, CPA CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : IDTA3**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

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

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

5200.00

**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 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Castagna Associates**

Mailing Address 33055 Crown Valley Rd

City Acton State CA Zip Code 93510

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

Name of Employer Partnership Occupation John & Pam Castagna/Partnership

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

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

**Transaction ID : INCA8**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Pamela Castagna**

Mailing Address 33055 Crown Valley Rd

City Acton State CA Zip Code 93510

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

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

**Transaction ID : IDTA2**

Amount of Each Receipt this Period  
**2600.00**

**[MEMO ITEM]**

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

Mailing Address 33055 Crown Valley Rd

City Acton State CA Zip Code 93510

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

Name of Employer John A. Castagna, CPA Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

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

**Transaction ID : INCA9**

Amount of Each Receipt this Period  
**2600.00**

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

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

**5200.00**

**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 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela Castagna**

Mailing Address 33055 Crown Valley Rd

City Acton State CA Zip Code 93510

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : INCA10**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jill L. Newbold**

Mailing Address 23502 Cherry St

City Newhall State CA Zip Code 91321

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : INCA6**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 9606 E Lompoc Ave

City Mesa State AZ Zip Code 85209

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

Name of Employer R. Keith Farr, DDS Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : INCA18**

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 8 OF 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Todd Castagna**

Mailing Address 1234 Armacost Ave, #104

City Los Angeles State CA Zip Code 90025

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

Name of Employer RCLCO 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 Y Y  
**03 / 25 / 2014**

**Transaction ID : INCA23**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Todd Castagna**

Mailing Address 1234 Armacost Ave, #104

City Los Angeles State CA Zip Code 90025

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

Name of Employer RCLCO 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 Y Y  
**03 / 25 / 2014**

**Transaction ID : INCA24**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address 12300 S, SteC, PMB 172 138

City Draper State UT Zip Code 84020

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

Name of Employer Adobe Occupation Sr Program Manager

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  
**03 / 26 / 2014**

**Transaction ID : INCA25**

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 9 OF 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ken Cordova**

Mailing Address 12300 S, SteC, PMB 172 138

City State Zip Code  
Draper UT 84020

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

Name of Employer Occupation  
Adobe Sr Program Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : INCA26**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Gaylee F. Carroll**

Mailing Address 554 S 37th Street

City State Zip Code  
Mesa AZ 85206

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

Name of Employer Occupation  
Stuart Boyse, DDS Dental Hygenist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : INCA56**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 23449 Oakrun Lane

City State Zip Code  
Newhall CA 91321

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : INCA55**

Amount of Each Receipt this Period  
1000.00

**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 10 OF 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher G. Newbold**

Mailing Address 23502 Cherry Street

City Newhall State CA Zip Code 91321

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

Name of Employer Christopher Newbold Occupation Enrolled Agent/Tax Professional

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : INCA34**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jill L. Newbold**

Mailing Address 23502 Cherry St

City Newhall State CA Zip Code 91321

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : INCA35**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 11 Severdale Rd

City Severna Park State MD Zip Code 21146

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

Name of Employer Baltimore Washington Medical Center Occupation Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : INCA37**

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 11 OF 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norris Construction Company**

Mailing Address PO Box 55786

City Valencia State CA Zip Code 91385

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

Name of Employer Sole Proprietorship Occupation Norris Whitmore/Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : INCA38**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Norris Whitmore**

Mailing Address PO Box 55786

City Valencia State CA Zip Code 91385

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

Name of Employer Norris Construction Co Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : IDTA4**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

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

Mailing Address 1131 Werth Ave

City Menlo Park State CA Zip Code 94025

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : INCA45**

Amount of Each Receipt this Period  
2600.00

**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 12 OF 19
	<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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Castagna**

Mailing Address 1131 Werth Ave

City Menlo Park State CA Zip Code 94025

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : INCA44**

Amount of Each Receipt this Period  
 2600.00

5200.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Hall**

Mailing Address 25078 Peachland Ave, #E

City Newhall State CA Zip Code 91321

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

Name of Employer Dr. Bruce Hall, DC Occupation Chiropractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : INCA61**

Amount of Each Receipt this Period  
 500.00

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

Amount of Each Receipt this Period

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

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

3100.00

40650.00

**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 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Troy J. Castagna - Personal Funds**

Mailing Address 29215 Discovery Ridge Dr

City Santa Clarita State CA Zip Code 91390

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

Name of Employer TC Financial Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **91079.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : PAYA4**

Amount of Each Receipt this Period  
**4579.08**

Filing Fee & Website Costs  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Troy J. Castagna - Personal Funds**

Mailing Address 29215 Discovery Ridge Dr

City Santa Clarita State CA Zip Code 91390

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

Name of Employer TC Financial Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **91079.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : PAYA7**

Amount of Each Receipt this Period  
**11000.00**

Filing Fees  
**[MEMO ITEM]**

**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 Y

Amount of Each Receipt this Period

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

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

**0.00**

**0.00**

**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 19
<input type="checkbox"/> 11a 12	<input checked="" 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)  
**Troy Castagna for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Troy J. Castagna - Personal Funds**

Mailing Address 29215 Discovery Ridge Dr

City Santa Clarita State CA Zip Code 91390

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

Name of Employer TC Financial Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **91079.08**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : PAYA2**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Troy J. Castagna - Personal Funds**

Mailing Address 29215 Discovery Ridge Dr

City Santa Clarita State CA Zip Code 91390

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

Name of Employer TC Financial Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **91079.08**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : PAYA53**

Amount of Each Receipt this Period  
**75000.00**

**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

Amount of Each Receipt this Period

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

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

**75500.00**

**75500.00**

**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 15 OF 19			
	<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)  
**Troy Castagna for Congress**

Full Name (Last, First, Middle Initial) <b>A. Deluxe Check Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 3680 Victoria St N		Amount of Each Disbursement this Period 120.06
City Shoreview State MN Zip Code 55126	Purpose of Disbursement Check Printing Costs	
Candidate Name	Category/Type 001	Transaction ID : EXPB5
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>B. Venture Strategic Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2152 Dupont Drive, #210		Amount of Each Disbursement this Period 5000.00
City Irvine State CA Zip Code 92612	Purpose of Disbursement Campaign Consulting Services	
Candidate Name	Category/Type 001	Transaction ID : EXPB17
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>c. Venture Strategic Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2152 Dupont Drive, #210		Amount of Each Disbursement this Period 1250.00
City Irvine State CA Zip Code 92612	Purpose of Disbursement Campaign Management Services	
Candidate Name	Category/Type 001	Transaction ID : EXPB15
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6370.06
<b>TOTAL</b> 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 16 OF 19	
	<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)  
**Troy Castagna for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address Payment Center / PO Box 0001		Amount of Each Disbursement this Period 59.73
City Los Angeles	State CA	
Zip Code 90010	Purpose of Disbursement Postage Costs	<b>Transaction ID : EXPB19</b>
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>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address Payment Center		Amount of Each Disbursement this Period 59.73
City Memphis	State TN	
Zip Code 38101	Purpose of Disbursement Postage Costs	<b>Transaction ID : EDTB1EXPB19</b> <b>[MEMO ITEM]</b>
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.73
<b>TOTAL</b> This Period (last page this line number only).....	6429.79



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Troy Castagna for Congress** Transaction ID : **PAYC2**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Troy J. Castagna - Personal Funds**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 29215 Discovery Ridge Dr

City	State	ZIP Code
Santa Clarita	CA	91390

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 / 20 / 2014	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Troy Castagna for Congress** Transaction ID : **PAYC53**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Troy J. Castagna - Personal Funds**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 29215 Discovery Ridge Dr

City State ZIP Code  
 Santa Clarita CA 91390

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
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**TERMS**

Date Incurred: M 03 / D 31 / Y 2014  
 Date Due: M / D / Y 03/31/2015  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> This Period (last page in this line only).....	75500.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**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)

**Troy Castagna for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Campaign Compliance Group, Inc.**

Nature of Debt (Purpose):  
Financial Analyst

Mailing Address 8001 Irvine Center Drive, #400

City State Zip Code  
Irvine CA 92618

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD12

Amount Incurred This Period

575.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

575.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Troy J. Castagna - Personal Funds**

Nature of Debt (Purpose):  
Filing Fee & Website Costs

Mailing Address 29215 Discovery Ridge Dr

City State Zip Code  
Santa Clarita CA 91390

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD4

Amount Incurred This Period

4579.08

Payment This Period

0.00

Outstanding Balance at Close of This Period

4579.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Troy J. Castagna - Personal Funds**

Nature of Debt (Purpose):  
Filing Fees

Mailing Address 29215 Discovery Ridge Dr

City State Zip Code  
Santa Clarita CA 91390

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD7

Amount Incurred This Period

11000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11000.00

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 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) ▶

16154.08  
16154.08  
75500.00  
91654.08