

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

John Tavaglione 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))....	0.00	1354174.12
(b) Total Contribution Refunds (from Line 20(d))	250.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-250.00	1353374.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1511.88	1357723.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	2808.26	3269.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-1296.38	1354453.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

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

John Tavaglione 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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	97524.12
(b) Political Party Committees.....	0.00	10000.00
(c) Other Political Committees (such as PACs).....	0.00	368050.00
(d) The Candidate.....	0.00	600.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1354174.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	11525.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2808.26	3269.78
15. OTHER RECEIPTS (Dividends, Interest, etc.)	27.34	27.34
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2835.60	1398996.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1511.88	1357723.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	800.00
(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)).....	250.00	800.00
21. OTHER DISBURSEMENTS	9238.15	11373.15
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11000.03	1399896.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8164.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2835.60
25. SUBTOTAL (add Line 23 and Line 24).....	11000.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11000.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	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 5 OF 10
	<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	

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)
John Tavaglione for Congress

A. Full Name (Last, First, Middle Initial)
REGISTRAR OF VOTERS

Mailing Address 2724 GATEWAY DR

City RIVERSIDE State CA Zip Code 92507

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2013

Transaction ID : 14-4387

Amount of Each Receipt this Period
 2808.26
 additional refund of filing fees

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D 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).....

2808.26

2808.26

**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 10
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Tavaglione for Congress

A. Full Name (Last, First, Middle Initial)
Cal Victory Fund

Mailing Address **PO Box 30844**

City **Bethesda** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00524835**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **27.34**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 15 / 2013

Transaction ID : 15-4345-O

Amount of Each Receipt this Period
 _____ **27.34**
 remaining balance in bank account

B. 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

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).....

_____ **27.34**

_____ **27.34**

**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 7 OF 10			
	<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)
John Tavaglione for Congress

Full Name (Last, First, Middle Initial) A. Teaman, Ramirez & Smith Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 188.06 Transaction ID : 17-8056
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement March campaign reporting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Teaman, Ramirez & Smith Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 205.20 Transaction ID : 17-8089
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement April campaign reporting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Teaman, Ramirez & Smith Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2013
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 275.76 Transaction ID : 17-8129
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement May campaign reporting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	669.02
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 8 OF 10			
	<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)
John Tavaglione for Congress

Full Name (Last, First, Middle Initial) A. Teaman, Ramirez & Smith Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013		
Mailing Address 4201 Brockton Ave. Ste. 100			Amount of Each Disbursement this Period 592.80		
City Riverside	State CA	Zip Code 92501	Transaction ID : 17-8134		
Purpose of Disbursement June campaign reporting services & close out billing		001 Category/ Type			
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:					

Full Name (Last, First, Middle Initial) B. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013		
Mailing Address P. O. Box 660108			Amount of Each Disbursement this Period 125.07		
City Dallas	State TX	Zip Code 75266-0108	Transaction ID : 17-8096		
Purpose of Disbursement telephone		001 Category/ Type			
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:					

Full Name (Last, First, Middle Initial) C. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013		
Mailing Address P. O. Box 660108			Amount of Each Disbursement this Period 124.99		
City Dallas	State TX	Zip Code 75266-0108	Transaction ID : 17-8130		
Purpose of Disbursement telephone		001 Category/ Type			
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:					

SUBTOTAL of Disbursements This Page (optional).....	842.86
TOTAL This Period (last page this line number only).....	1511.88

**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 9 OF 10			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Tavaglione for Congress

Full Name (Last, First, Middle Initial) A. Spencer's Prescription Pharmacy			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013	
Mailing Address 6842 Brockton Ave			Amount of Each Disbursement this Period 250.00	
City Riverside	State CA	Zip Code 92506	Transaction ID : 20A-8090	
Purpose of Disbursement Return of 10/26/2012 Contribution		Category/ Type 010		
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: _____			

Full Name (Last, First, Middle Initial) 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		Category/ Type		
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: _____			

Full Name (Last, First, Middle Initial) C.			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		Category/ Type		
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

**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 10 OF 10	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Tavaglione for Congress

Full Name (Last, First, Middle Initial) A. Tavaglione for County Supervisor 2014		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 9238.15 Transaction ID : 21-8135
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name John Tavaglione	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.		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	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C.		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	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	9238.15
TOTAL This Period (last page this line number only).....	9238.15