

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
DOUG LAMALFA COMMITTEE

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

2. **FEC IDENTIFICATION NUMBER** ▼ C C00509422 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY ▲ CA STATE ▲ 01 ZIP CODE ▲

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 04 / 01 / 2015 through M M / D D / Y Y Y Y 06 / 30 / 2015

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 07 / 13 / 2015

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
DOUG LAMALFA COMMITTEE

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)).... | 106490.00 | 117425.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 1000.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 106490.00 | 116425.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 32667.42 | 81320.21 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1753.28 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 32667.42 | 79566.93 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 152036.61 | |
| 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)..... | 5702.42 | |

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

DOUG LAMALFA COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

| 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)..... | 61725.00 | 62475.00 |
| (ii) Unitemized..... | 5265.00 | 5450.00 |
| (iii) TOTAL of contributions from individuals ▶ | 66990.00 | 67925.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 39500.00 | 49500.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 106490.00 | 117425.00 |
| 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 | 1753.28 |
| 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)..... ▶ | | |
| | 106490.00 | 119178.28 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 32667.42 | 81320.21 |
| 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 | 30000.00 |
| (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 | 0.00 | 1000.00 |
| (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 | 1000.00 |
| 21. OTHER DISBURSEMENTS | 785.00 | 2605.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 33452.42 | 114925.21 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 78999.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 106490.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 185489.03 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 33452.42 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 152036.61 |

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Yvonne Koehnen

Mailing Address 3191 Highway 45

City Glenn State CA Zip Code 95943

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

Name of Employer C.F. Koehnen & Sons Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015

Transaction ID : INCA3011

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
. Morongo Band of Mission Indian

Mailing Address 49750 Seminole Drive

City Cabazon State CA Zip Code 92230

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

Name of Employer Sovereign nation Occupation Indian tribe

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : INCA3016

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
. COLUSA INDIAN COMMUNITY COUNCI

Mailing Address 3730 HIGHWAY 45

City Colusa State CA Zip Code 95932

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

Name of Employer Sovereign Nation Occupation Indian Tribe

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : INCA3018

Amount of Each Receipt this Period
 2700.00

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

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

6800.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Table Mountain Rancheria

Mailing Address P.O. Box 410

City State Zip Code
FRIANT CA 93626

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

Name of Employer Occupation
Sovereign nation Indian tribe

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : INCA3026

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
CRAIG COMPTON

Mailing Address PO BOX 245

City State Zip Code
Richvale CA 95974

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

Name of Employer Occupation
CRAIG S. COMPTON FARM FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : INCA3032

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Susan Murphy

Mailing Address PO BOX 237

City State Zip Code
Durham CA 95938

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

Name of Employer Occupation
Self-Susan Murphy Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : INCA3033

Amount of Each Receipt this Period
2000.00

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 7 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Peggy Dwelle | | Date of Receipt MM / DD / YYYY 05 / 28 / 2015 |
| Mailing Address 1420 Shadow Mountain Ct. | | Transaction ID : INCA3040 |
| City AUBURN | State CA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1300.00 |
| Name of Employer n/a | Occupation Not employed | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1300.00 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. THOMAS DWELLE | | Date of Receipt MM / DD / YYYY 05 / 28 / 2015 |
| Mailing Address 2360 LINDBERGH ST. | | Transaction ID : INCA3039 |
| City Auburn | State CA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2700.00 |
| Name of Employer FLYERS ENERGY | Occupation PARTNER | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2700.00 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. FRED STARRH | | Date of Receipt MM / DD / YYYY 05 / 28 / 2015 |
| Mailing Address 17617 POPLAR AVE. | | Transaction ID : INCA3041 |
| City Shafter | State CA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer SELF EMPLOYED - FRED STARRH | Occupation FARMER | |
| Receipt For: 2016 <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)..... | 4500.00 |
| 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 8 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert Schramm

Mailing Address 117 6th St., N.E.

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation
Schramm, Williams & Assoc. Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : INCA3047

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
. UNITED AUBURN INDIAN COMMUNITY

Mailing Address 455 CAPITOL MALL, STE 801

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation
INDIAN TRIBE SOVEREIGN NATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : INCA3054

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
. UNITED AUBURN INDIAN COMMUNITY

Mailing Address 455 CAPITOL MALL, STE 801

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation
INDIAN TRIBE SOVEREIGN NATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : INCA3053

Amount of Each Receipt this Period
2700.00

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

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

5650.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
HERMAN ROWLAND, SR.

Mailing Address **1 JELLY BELLY LANE**

City **Fairfield** State **CA** Zip Code **94533**

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

Name of Employer **JELLY BELLY CANDY CO.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : INCA3057

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AKIN RANCH

Mailing Address **5374 DEL MONTE AVE.**

City **Robbins** State **CA** Zip Code **95676**

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

Name of Employer Occupation **Partnership**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : INCA3155

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ALDEAN AKIN

Mailing Address **PO BOX 302**

City **Robbins** State **CA** Zip Code **95676**

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

Name of Employer **AKIN RANCH** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **333.33**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : IDTA275

Amount of Each Receipt this Period
333.33

[MEMO ITEM]

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
James Akin

Mailing Address 5374 Del Monte Avenue

City State Zip Code
Robbins CA 95676

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

Name of Employer Occupation
Self-Employed Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
333.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : IDTA273

Amount of Each Receipt this Period
333.34

[MEMO ITEM]

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

Mailing Address PO BOX 302

City State Zip Code
Robbins CA 95676

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

Name of Employer Occupation
AKIN RANCH PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
333.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : IDTA274

Amount of Each Receipt this Period
333.33

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JACK BABER

Mailing Address 736 11TH. ST.

City State Zip Code
Colusa CA 95932

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

Name of Employer Occupation
SELF EMPLOYED - JACK BABER FARMING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3083

Amount of Each Receipt this Period
1000.00

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 11 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jan Bartlett

Mailing Address 2222 Archer Avenue

City State Zip Code
Live Oak CA 95953

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

Name of Employer Occupation
Valley Pump Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3087

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michael Byrne

Mailing Address 8340 Co. Rd. 114

City State Zip Code
Tulelake CA 96134

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3089

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
MATT CONANT

Mailing Address 3558 BEAR RIVER DR.

City State Zip Code
Rio Oso CA 95674

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

Name of Employer Occupation
CONART ORCHARDS FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3080

Amount of Each Receipt this Period
1000.00

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

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

2400.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Pechanga Band of Luiseno Indians | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 | |
| Mailing Address 12705 Pechanga Road | | Transaction ID : INCA3070 | |
| City Temecula | State CA | Zip Code 92590 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2700.00 | |
| Name of Employer INDIAN TRIBE | Occupation SOVEREIGN NATION | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2700.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Dean Storkan | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 | |
| Mailing Address P.O. Box 1557 | | Transaction ID : INCA3078 | |
| City PEBBLE BEACH | State CA | Zip Code 93953 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Tri-Cal Inc. | Occupation Executive | | |
| Receipt For: 2016 <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. Robert Sullivan | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 | |
| Mailing Address 5610 Stephen Reid | | Transaction ID : INCA3088 | |
| City HUNTINGTON | State MD | Zip Code 20639 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Cemex | Occupation Executive | | |
| Receipt For: 2016 <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)..... | 3950.00 |
| 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 13 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Richard taylor | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 | |
| Mailing Address 1492 Hutchinson Rd. | | Transaction ID : INCA3069 | |
| City Yuba City | State CA | Zip Code 95993 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Taylor Bros. Farms Inc. | Occupation Farming | | |
| Receipt For: 2016 <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. Patricia Thomas | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 | |
| Mailing Address 1640 Timothy Lane | | Transaction ID : INCA3082 | |
| City Yuba City | State CA | Zip Code 95991 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer J. David Thomas CPA | Occupation Bookkeeper | | |
| Receipt For: 2016 <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. William Gwinn | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2015 | |
| Mailing Address 1130 Connecticut Ave. NW #300 | | Transaction ID : INCA3157 | |
| City WASHINGTON | State DC | Zip Code 20036 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer The Ferguson Group | Occupation Consultant | | |
| Receipt For: 2016 <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 14 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
John Taylor

Mailing Address 182 Wilkie Ave.

City State Zip Code
YUBA CITY CA 95991

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

Name of Employer Occupation
Taylor Bros. Farm Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : INCA3103

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
. Barona Band of Mission Indians

Mailing Address 1095 Barona Road

City State Zip Code
Lakeside CA 92040

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

Name of Employer Occupation
Sovereign nation Indian tribe

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3116

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Paul Bonderson

Mailing Address 8121 Alpha Ln.

City State Zip Code
SUNOL CA 94586

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

Name of Employer Occupation
n/a Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3137

Amount of Each Receipt this Period
1000.00

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 15 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
David J. Burroughs

Mailing Address 12729 HONCUT RD.

City State Zip Code
MARYSVILLE CA 95901

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

Name of Employer Occupation
Sacramento Valley Farm Credi Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3125

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Joe A. Carrancho

Mailing Address 4808 Corbin Road

City State Zip Code
Maxwell CA 95955

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3129

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Teresa Cordi

Mailing Address 10401 Ingram Lane

City State Zip Code
Live Oak CA 95953

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

Name of Employer Occupation
Yuba City Unified Schools NCLB Literacy Coach

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : NONA3173

Amount of Each Receipt this Period
225.00

Wine for fundraiser

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

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

1475.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) KENNETH DELFINO | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 | |
| Mailing Address 999 Pine Street | | Transaction ID : INCA3130 | |
| City Colfax | State CA | Zip Code 95713 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer N/A | Occupation NONE | | |
| Receipt For: 2016 <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) Doug Federighi | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 | |
| Mailing Address 4 Quail Run | | Transaction ID : INCA3136 | |
| City LAFAYETTE | State CA | Zip Code 94549 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer n/a | Occupation Not employed | | |
| Receipt For: 2016 <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) GALLAGHER FARMS | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 | |
| Mailing Address 1998 PLEASANT GROVE RD. | | Transaction ID : INCA3146 | |
| City Rio Oso | State CA | Zip Code 95674 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer | Occupation PARTNERSHIP | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | |
|---|---------|
| 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 17 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
DENNIS GALLAGHER

Mailing Address 1998 PLEASANT GROVE RD.

City Rio Oso State CA Zip Code 95674

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

Name of Employer SELF-DENNIS GALLAGHER Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : IDTA266

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DENNIS GALLAGHER

Mailing Address 1998 PLEASANT GROVE RD.

City Rio Oso State CA Zip Code 95674

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

Name of Employer SELF-DENNIS GALLAGHER Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : IDTA267

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Shelley Gallagher

Mailing Address 1998 Pleasant Grove Rd.

City RIO OSO State CA Zip Code 95674

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

Name of Employer Gallagher Farms Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : IDTA268

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 18 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Stuart Hanson

Mailing Address 1425 Falcon Pointe Lane

City State Zip Code
Roseville CA 95661

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

Name of Employer Occupation
Law Offices of Stuart A Hanson Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3107

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Virginia Holzapfel

Mailing Address P.O. Box 1027

City State Zip Code
WILLOWS CA 95988

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

Name of Employer Occupation
Self Rancher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3135

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EDWIN HULBERT

Mailing Address 1714 Bunting Ln.

City State Zip Code
Lincoln CA 95648

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

Name of Employer Occupation
COLUSA INDUSTRIAL PROPERTIES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3118

Amount of Each Receipt this Period
500.00

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 19 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
George Kammerer

Mailing Address P.O. Box 951

City State Zip Code
SLOUGHOUSE CA 95683

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3134

Amount of Each Receipt this Period
 300.00

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

Mailing Address 8610 Harvest Lane

City State Zip Code
Durham CA 95938

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

Name of Employer Northern CA Farm Credit Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3131

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
. Match-E-Be-Nash-She-Wish Band

Mailing Address P. O. Box 218

City State Zip Code
DORR MI 49323

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

Name of Employer Sovereign nation Occupation Indian tribe

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3174

Amount of Each Receipt this Period
 2700.00

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 20 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Leland H. McCorkle

Mailing Address 2470 County Road WW

City Glenn State CA Zip Code 95943

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

Name of Employer McCorkle Farms Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3126

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
ALFRED MONTNA

Mailing Address 12755 GARDEN HIGHWAY

City Yuba City State CA Zip Code 95991

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

Name of Employer MONTNA FARMS Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3114

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
R. Donald Norene

Mailing Address 600 Swanson Road

City Pleasant Grove State CA Zip Code 95674

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

Name of Employer Norene Ranches, Inc. Occupation Rancher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3123

Amount of Each Receipt this Period
 2700.00

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

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

5650.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Sandra Norene

Mailing Address P.O. Box 98

City Rio Oso State CA Zip Code 95674

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

Name of Employer Norene Ranches Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3124

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Susan Patane

Mailing Address 2831 Mead Ave.

City BIGGS State CA Zip Code 95917

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

Name of Employer Best efforts letter sent 7/2/15 Occupation Best efforts letter sent 7/2/15

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3144

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Reason Farms

Mailing Address 6368 South Township Road

City Yuba City State CA Zip Code 95993

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

Name of Employer Partnership Occupation Partnership

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3152

Amount of Each Receipt this Period
 1000.00

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

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

4700.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
BOB AMAREL JR.

Mailing Address 6368 SO. TOWNSHIP RD.

City: Yuba City State: CA Zip Code: 95993

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

Name of Employer: REASON FARMS Occupation: PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2015

Transaction ID : IDTA269

Amount of Each Receipt this Period: 250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Cooky Amarel

Mailing Address 6368 S. Township Rd.

City: YUBA CITY State: CA Zip Code: 95993

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

Name of Employer: Reason Farms Occupation: Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2015

Transaction ID : IDTA271

Amount of Each Receipt this Period: 250.00

[MEMO ITEM]

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

Mailing Address 6368 SO. TOWNSHIP RD.

City: Yuba City State: CA Zip Code: 95993

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

Name of Employer: REASON FARMS Occupation: PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2015

Transaction ID : IDTA270

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).....

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 23 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Shawnann Amarel

Mailing Address 6368 S. Township Rd.

City State Zip Code
YUBA CITY CA 95993

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

Name of Employer Occupation
Reason Farms Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : IDTA272

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Stewart Resnick

Mailing Address 11444 W. Olympic Blvd.

City State Zip Code
LOS ANGELES CA 90064

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

Name of Employer Occupation
The Wonderful Co. Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : INCA3148

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
. SAGINAW CHIPPEWA INDIAN TRIBE

Mailing Address 7070 E. BROADWAY

City State Zip Code
Mt. Pleasant MI 48858

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

Name of Employer Occupation
INDIAN TRIBE SOVEREIGN NATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : INCA3175

Amount of Each Receipt this Period
2000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Nicole M Van Vleck

Mailing Address 12755 Garden Hwy

City Yuba City State CA Zip Code 95991

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

Name of Employer self Occupation farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3112

Amount of Each Receipt this Period
 1000.00

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 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 Y Y

Amount of Each Receipt this Period

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

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

1000.00

61725.00

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

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

FOR LINE NUMBER: PAGE 25 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Norfolk Southern Corp. Good Gov't Fund

Mailing Address 3 Commercial Pl.

City State Zip Code
NORFOLK VA 23510

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

Name of Employer Occupation
C00009282

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015

Transaction ID : INCA3010

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Honeywell Int'l PAC

Mailing Address 101 Constitution Ave. NW #500 W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : INCA3021

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
FARM CREDIT PAC

Mailing Address 50 F ST. NW, STE. 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : INCA3025

Amount of Each Receipt this Period
1000.00

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

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

5500.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
American Public Power Assoc. Public Ownership of Electric Resources PAC (POWER PAC)

Mailing Address 1875 Connecticut Ave. NW #1200

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20009 |

FEC ID number of contributing federal political committee. **C** C00161570

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : INCA3030

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)
Edison Int'l PAC

Mailing Address 2244 Walnut Grove

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Rosemead | CA | 91770 |

FEC ID number of contributing federal political committee. **C** C00019653

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : INCA3031

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Blue Diamond Growers PAC

Mailing Address 1802 C St.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| SACRAMENTO | CA | 95814 |

FEC ID number of contributing federal political committee. **C** C00080135

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : INCA3038

Amount of Each Receipt this Period

1000.00

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

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

4250.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
LAND O'LAKES, INC., PAC

Mailing Address P.O. BOX 64101

City State Zip Code
St. Paul MN 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : INCA3036

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC

Mailing Address SIXTH AND MARQUETTE, MAC N9305-084

City State Zip Code
Minneapolis MN 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : INCA3037

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Porter Gordon Silver PAC

Mailing Address P.O. Box 751271

City State Zip Code
LAS VEGAS NV 89136

FEC ID number of contributing federal political committee. **C** C00507913

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : INCA3046

Amount of Each Receipt this Period
500.00

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 28 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DR.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Mclean | VA | 22102 |

FEC ID number of contributing federal political committee. **C** C00040998

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : INCA3055

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
PG&E Corporation PAC

Mailing Address 77 Beale St.

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| SAN FRANCISCO | CA | 94107 |

FEC ID number of contributing federal political committee. **C** C00177469

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : INCA3056

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Nat'l Sorghum Producers PAC

Mailing Address 4201 N. Intestate 27

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| LUBBOCK | TX | 79403 |

FEC ID number of contributing federal political committee. **C** C00475673

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015

Transaction ID : INCA3058

Amount of Each Receipt this Period

1000.00

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

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

8500.00

**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 29 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Crop Insurance Professionals Assoc. PAC

Mailing Address 228 S. Washington St., #115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00503680

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : INCA3063

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees' PAC

Mailing Address 2121 Crystal Dr., #100

City State Zip Code
ARLINGTON VA 22102

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : INCA3062

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 THIRTEENTH ST., NW STE. 340

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : INCA3064

Amount of Each Receipt this Period
2000.00

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 30 OF 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Honeywell Int'l PAC

Mailing Address 101 Constitution Ave. NW #500 W.

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00096156

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : INCA3065

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification

Mailing Address 4301 Wilson Blvd.

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22203 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00002972

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3075

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. PAC

Mailing Address 20 F St. NW #610

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00022343

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3091

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 3000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
National Campaign

Mailing Address 1201 N. Orange St., #700

City State Zip Code
WILMINGTON DE 19801

FEC ID number of contributing federal political committee. **C** C00563759

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3092

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City State Zip Code
Cordova TN 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3093

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Securities Industry and Financial Markets Assoc. PAC (SIFMA-PAC)

Mailing Address 1101 New York Ave. NW #800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3077

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

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
TESORO PETROLEUM CORP. PAC

Mailing Address 19100 RIDGEWOOD PKWY

City San Antonio State TX Zip Code 78259

FEC ID number of contributing federal political committee. **C C00358366**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : INCA3076

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Safeway, Inc. PAC

Mailing Address 5918 Stoneridge Mall Road

City Pleasanton State CA Zip Code 94588

FEC ID number of contributing federal political committee. **C C00194084**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2015

Transaction ID : INCA3158

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Wine Institute PAC

Mailing Address 700 13th St. NW #600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00065219**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2015

Transaction ID : INCA3156

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

**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 43 |
| | <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)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES FEDERAL PAC

Mailing Address 475 SOUTH TEGNER

City Turlock State CA Zip Code 95380

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : INCA3117

Amount of Each Receipt this Period
 5000.00

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 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 Y Y

Amount of Each Receipt this Period

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

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

5000.00

39500.00

**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 34 OF 43 | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Public Square Partners | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015 |
| Mailing Address 1127 11th St., #548 | | Amount of Each Disbursement this Period 2500.00 Transaction ID : EXPB3001 |
| City Sacramento State CA Zip Code 95814 | Purpose of Disbursement Fundraising consulting Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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 04 / 07 / 2015 |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 215.20 Transaction ID : EXPB3004 |
| City Dallas State TX Zip Code 75266 | Purpose of Disbursement Phone svc. Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Public Square Partners | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015 |
| Mailing Address 1127 11th St., #548 | | Amount of Each Disbursement this Period 13500.00 Transaction ID : EXPB3007 |
| City Sacramento State CA Zip Code 95814 | Purpose of Disbursement Fundraising event Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 16215.20 |
| 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 35 OF 43 | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015 |
| Mailing Address P. O. Box 537104 | | Amount of Each Disbursement this Period 122.98 |
| City Atlanta | State GA | |
| Zip Code 30353 | Purpose of Disbursement Phone svc. | Transaction ID : EXPB3015 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. David Bauer | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015 |
| Mailing Address 2150 River Plaza Dr., #150 | | Amount of Each Disbursement this Period 300.00 |
| City Sacramento | State CA | |
| Zip Code 95833 | Purpose of Disbursement Accounting svc. | Transaction ID : EXPB3014 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Chase Card Services | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015 |
| Mailing Address P.O. Box 94014 | | Amount of Each Disbursement this Period 2672.84 |
| City Palatine | State IL | |
| Zip Code 60094 | Purpose of Disbursement Credit card payment | Transaction ID : EXPB3019 |
| Candidate Name | 003 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3095.82 |
| 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 36 OF 43 | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Metro PCS | | Date of Disbursement MM / DD / YYYY 04 / 30 / 2015 |
| Mailing Address 167 G St. #101 | | Amount of Each Disbursement this Period 40.00 |
| City LINCORN | State CA Zip Code 95648 | |
| Purpose of Disbursement Phone svc. | Category/Type 001 | Transaction ID : EDTB94EXPB3019 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Asti Ristorante | | Date of Disbursement MM / DD / YYYY 04 / 30 / 2015 |
| Mailing Address 728 5th Ave. | | Amount of Each Disbursement this Period 1379.10 |
| City SAN DIEGO | State CA Zip Code 92101 | |
| Purpose of Disbursement Fundraising event | Category/Type 003 | Transaction ID : EDTB95EXPB3019 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Chico Elk's Lodge | | Date of Disbursement MM / DD / YYYY 04 / 30 / 2015 |
| Mailing Address 1705 Manzanita Ave. | | Amount of Each Disbursement this Period 1242.04 |
| City CHICO | State CA Zip Code 95926 | |
| Purpose of Disbursement Meeting | Category/Type 001 | Transaction ID : EDTB96EXPB3019 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 37 OF 43 | | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Public Square Partners | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015 | |
| Mailing Address 1127 11th St., #548 | | | Amount of Each Disbursement this Period 2684.00 | |
| City Sacramento | State CA | Zip Code 95814 | Transaction ID : EXPB3020 | |
| Purpose of Disbursement Fundraising consulting | | 003 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. JC-Evans, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015 | |
| Mailing Address 11230 Gold Express Drive, #310-325 | | | Amount of Each Disbursement this Period 230.00 | |
| City Gold River | State CA | Zip Code 95928 | Transaction ID : EXPB3022 | |
| Purpose of Disbursement Printing | | 003 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 05 / 06 / 2015 | |
| Mailing Address P. O. Box 660108 | | | Amount of Each Disbursement this Period 215.24 | |
| City Dallas | State TX | Zip Code 75266 | Transaction ID : EXPB3023 | |
| 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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3129.24 |
| 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 38 OF 43 | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Chase Card Services | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015 |
| Mailing Address P.O. Box 94014 | | Amount of Each Disbursement this Period 404.23 Transaction ID : EXPB3029 |
| City Palatine | State IL | |
| Zip Code 60094 | Purpose of Disbursement Credit card payment | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. House of Representatives | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015 |
| Mailing Address B-217 Longworth Bldg. | | Amount of Each Disbursement this Period 342.28 Transaction ID : EDTB97EXPB3029 [MEMO ITEM] |
| City WASHINGTON | State DC | |
| Zip Code 20515 | 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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015 |
| Mailing Address P. O. Box 537104 | | Amount of Each Disbursement this Period 123.25 Transaction ID : EXPB3035 |
| City Atlanta | State GA | |
| Zip Code 30353 | Purpose of Disbursement Phone svc. | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 527.48 |
| 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 39 OF 43 | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. David Bauer | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015 |
| Mailing Address 2150 River Plaza Dr., #150 | | Amount of Each Disbursement this Period 400.00 Transaction ID : EXPB3034 |
| 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 | |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Chase Card Services | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015 |
| Mailing Address P.O. Box 94014 | | Amount of Each Disbursement this Period 40.00 Transaction ID : EXPB3043 |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement Credit card payment Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Metro PCS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015 |
| Mailing Address 167 G St. #101 | | Amount of Each Disbursement this Period 40.00 Transaction ID : EDTB98EXPB3043 [MEMO ITEM] |
| City LINCOLN State CA Zip Code 95648 | Purpose of Disbursement Phone svc. Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 440.00 |
| 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 40 OF 43 | | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Prevail Strategies | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015 |
| Mailing Address 400 First St. SE 2nd Fl. | | Amount of Each Disbursement this Period 5050.00 Transaction ID : EXPB3045 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement Fundraising consulting Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Public Square Partners | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015 |
| Mailing Address 1127 11th St., #548 | | Amount of Each Disbursement this Period 2810.41 Transaction ID : EXPB3044 |
| City Sacramento State CA Zip Code 95814 | Purpose of Disbursement Fundraising consulting Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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 06 / 04 / 2015 |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 215.24 Transaction ID : EXPB3048 |
| City Dallas State TX Zip Code 75266 | Purpose of Disbursement Phone svc. Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8075.65 |
| 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 41 OF 43 | | | |
| | <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)
DOUG LAMALFA COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015 |
| Mailing Address P. O. Box 537104 | | Amount of Each Disbursement this Period 123.32 |
| City Atlanta | State GA | |
| Zip Code 30353 | Purpose of Disbursement Phone svc. | Transaction ID : EXPB3061 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. David Bauer | | Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015 |
| Mailing Address 2150 River Plaza Dr., #150 | | Amount of Each Disbursement this Period 315.40 |
| City Sacramento | State CA | |
| Zip Code 95833 | Purpose of Disbursement Accounting svc. | Transaction ID : EXPB3060 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Teresa Cordi | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015 |
| Mailing Address 10401 Ingram Lane | | Amount of Each Disbursement this Period 225.00 |
| City Live Oak | State CA | |
| Zip Code 95953 | Purpose of Disbursement Wine for fundraiser | Transaction ID : NONB3173 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 663.72 |
| TOTAL This Period (last page this line number only)..... | 32147.11 |

**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 42 OF 43 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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)
DOUG LAMALFA COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Glenn County Republican Party | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015 |
| Mailing Address P. O. Box 07 | | Amount of Each Disbursement this Period 360.00 Transaction ID : EXPB3002 |
| City Artoise | State CA | |
| Zip Code 95913 | Purpose of Disbursement Transfer of unneeded funds | Category/ Type 008 |
| Candidate Name Glenn County Republican Party | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Crime Victims United | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015 |
| Mailing Address 11400 Atwood Rd. | | Amount of Each Disbursement this Period 250.00 Transaction ID : EXPB3006 |
| City Auburn | State CA | |
| Zip Code 95603 | Purpose of Disbursement Donation | Category/ Type 012 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" 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)..... | 610.00 |
| TOTAL This Period (last page this line number only)..... | 610.00 |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

| | | |
|---|-------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Sun Gourmet, LLC | | Nature of Debt (Purpose): Fundraising supplies |
| Mailing Address P.O. box 955 | | |
| City | State | Zip Code |
| GERBER | CA | 96035 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : PAYD3159 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="200.00"/> | <input type="text" value="0.00"/> | <input type="text" value="200.00"/> |

| | | |
|---|-------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Square Partners | | Nature of Debt (Purpose): Fundraising expenses |
| Mailing Address 1127 11th St., #548 | | |
| City | State | Zip Code |
| Sacramento | CA | 95814 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : PAYD3160 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="5211.24"/> | <input type="text" value="0.00"/> | <input type="text" value="5211.24"/> |

| | | |
|---|-------|--------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Square Partners | | Nature of Debt (Purpose): Storage |
| Mailing Address 1127 11th St., #548 | | |
| City | State | Zip Code |
| Sacramento | CA | 95814 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : PAYD3177 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="291.18"/> | <input type="text" value="0.00"/> | <input type="text" value="291.18"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="5702.42"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="5702.42"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="5702.42"/> |