

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

MCCLINTOCK FOR CONGRESS

ADDRESS (number and street) ▼

2150 RIVER PLAZA DR. #150

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. **FEC IDENTIFICATION NUMBER** ▼

C C00446815

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CA

04

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
MCCLINTOCK FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	143402.31	364146.03
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	143402.31	364146.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	103047.55	351011.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	163.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	103047.55	350847.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	271721.84	
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).....	15859.42	

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

MCCLINTOCK FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	83165.00	210896.20
(ii) Unitemized.....	52237.31	135055.38
(iii) TOTAL of contributions from individuals ▶	135402.31	345951.58
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	18194.45
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	143402.31	364146.03
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	163.74
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)..... ▶	143402.31	364309.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	103047.55	351011.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	11700.00	24550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	114747.55	375561.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	243067.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	143402.31
25. SUBTOTAL (add Line 23 and Line 24).....	386469.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	114747.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	271721.84

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

Form/Schedule: F3A
Transaction ID :

Additional accrued expense

Form/Schedule:
Transaction ID:

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. J. CROWELL

Mailing Address 1371 TREASURE LN

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 03 / 2015

Transaction ID : INCA114769

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
HARRY & CARLEEN LEISE

Mailing Address 3241 CAVU HILL RD

City State Zip Code
SHINGLE SPRINGS CA 95682

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

Name of Employer Occupation
NONE RETIRED

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
07 / 03 / 2015

Transaction ID : INCA114770

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR. WARREN STRACENER

Mailing Address 4190 HENSLEY CIR

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
EL DORADO COUNTY JUDGE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 03 / 2015

Transaction ID : INCA114772

Amount of Each Receipt this Period
25.00

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

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

100.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JERRY HAYDEN

Mailing Address 10306 E CALLE DE LAS BRISAS

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
NONE RETIRED

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
07 / 06 / 2015

Transaction ID : INCA114745

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DEBORAH BURGER

Mailing Address 3830 IRON WHEEL CT

City State Zip Code
ROCKLIN CA 95765

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : INCA114779

Amount of Each Receipt this Period
200.00

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

Mailing Address 2164 HIGHGATE RD

City State Zip Code
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation
THE COMDYN GROUP I.T. SERVICES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : INCA114780

Amount of Each Receipt this Period
250.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS CARLA TRENT

Mailing Address 324 CHESTNUT HILL CT APT 16

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : INCA114786

Amount of Each Receipt this Period
200.00

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

Mailing Address 18 MOTT DR

City ALAMO State CA Zip Code 94507

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114829

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR. HOWARD CHRISTIE

Mailing Address 26 CORRAL RD

City BELL CANYON State CA Zip Code 91307

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114797

Amount of Each Receipt this Period
40.00

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

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

315.00

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

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

FOR LINE NUMBER: PAGE 9 OF 131
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HAROLD COFFEE

Mailing Address 25 AMBER DR

City State Zip Code
SAN FRANCISCO CA 94131

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

Name of Employer Occupation
NONE RETIRED

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
 07 / 17 / 2015

Transaction ID : INCA114813

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MRS. KAY FINLAY

Mailing Address 10 LA CERRA CIR

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114855

Amount of Each Receipt this Period
75.00

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

Mailing Address 420 W SANTA INEZ AVE

City State Zip Code
HILLSBOROUGH CA 94010

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114802

Amount of Each Receipt this Period
200.00

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

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

475.00

**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 131
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HERBERT LEVIN

Mailing Address 724 E GRINELL DR

City State Zip Code
BURBANK CA 91501

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

Name of Employer Occupation
CA STATE DEPT OF JUSTICE LAWYER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 17 2015

Transaction ID : INCA114871

Amount of Each Receipt this Period
100.00

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

Mailing Address 111 ELM ST # 3

City State Zip Code
SAN DIEGO CA 92101

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

Name of Employer Occupation
JAMES S. MARINOS, A.P.C., ATTORNEY AT ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 17 2015

Transaction ID : INCA114833

Amount of Each Receipt this Period
110.00

C. Full Name (Last, First, Middle Initial)
MR. DRUMMOND MCCUNN

Mailing Address 6840 POCA MONTOYA DR

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
SELF EMPLOYED LAWYER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 17 2015

Transaction ID : INCA114859

Amount of Each Receipt this Period
100.00

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

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

310.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. LAURA MIGNANO

Mailing Address 12940 FIR DR

City SONORA State CA Zip Code 95370

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **455.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114822

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS MAUREEN O'NEILL

Mailing Address 1810 ALDEN ST

City BELMONT State CA Zip Code 94002

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114807

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. KENT POWELL

Mailing Address 4141 GREENVIEW DR

City EL DORADO HILLS State CA Zip Code 95762

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

Name of Employer ACACIA PARTNERS Occupation INVESTOR

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
 07 / 17 / 2015

Transaction ID : INCA114806

Amount of Each Receipt this Period
250.00

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

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

450.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 5440 WASHINGTON ST

City NAPA State CA Zip Code 94558

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

Name of Employer NONE Occupation RETIRED MARINE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114809

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. EDWARD TREADGOLD

Mailing Address 1025 ANZA ST

City SAN FRANCISCO State CA Zip Code 94118

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **312.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : INCA114860

Amount of Each Receipt this Period
53.00

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

Mailing Address 754 E MACARTHUR ST

City SONOMA State CA Zip Code 95476

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

Name of Employer NONE Occupation RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA115026

Amount of Each Receipt this Period
50.00

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

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

303.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY BROOKS

Mailing Address 683 ANDERSON AVE

City State Zip Code
BRENTWOOD CA 94513

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

Name of Employer Occupation
NONE HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA115006

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS. PAMELA BURKE

Mailing Address 445 OAK HILL TER

City State Zip Code
LOMPOC CA 93436

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA114888

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR. GORDON CALL

Mailing Address 7550 OLIVE GLEN CT

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
398.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA114962

Amount of Each Receipt this Period
199.00

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

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

499.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. SLOAN COATS

Mailing Address 2238 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94116

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
213.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA115022

Amount of Each Receipt this Period
113.00

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

Mailing Address 8454 EL MODENA AVE

City State Zip Code
ELVERTA CA 95626

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
204.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA114904

Amount of Each Receipt this Period
51.00

C. Full Name (Last, First, Middle Initial)
MR. J. CROWELL

Mailing Address 1371 TREASURE LN

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA115052

Amount of Each Receipt this Period
100.00

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

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

264.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 20637 LEONARD RD

City SARATOGA State CA Zip Code 95070

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

Name of Employer NONE Occupation RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA114902

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES & JOYCE FEUSI

Mailing Address PO BOX 1245

City LOOMIS State CA Zip Code 95650

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

Name of Employer NONE Occupation RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA115032

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES FISHER

Mailing Address 3040 JAVA RD

City COSTA MESA State CA Zip Code 92626

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

Name of Employer NONE Occupation RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA115031

Amount of Each Receipt this Period
100.00

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

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

250.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS OLIVIA FISHER

Mailing Address 583 29TH AVE

City State Zip Code
SAN FRANCISCO CA 94121

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

Name of Employer Occupation
NONE RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA114899

Amount of Each Receipt this Period
200.00

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

Mailing Address 19031 SPICEWOOD LN

City State Zip Code
HUNTINGTN BCH CA 92648

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : INCA114932

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
HAROLDENE FREEMAN

Mailing Address PO BOX 2002

City State Zip Code
DIAMOND SPRINGS CA 95619

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

Name of Employer Occupation
NONE RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA114996

Amount of Each Receipt this Period
100.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM HAMILTON

Mailing Address 35161 BEACH RD

City State Zip Code
CASTRANO BEACH CA 92624

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : INCA115013

Amount of Each Receipt this Period
100.00

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

Mailing Address 5319 W 138TH ST

City State Zip Code
HAWTHORNE CA 90250

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

Name of Employer Occupation
NONE RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA114889

Amount of Each Receipt this Period
100.00

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

Mailing Address 7014 SHAY CT

City State Zip Code
HIGHLAND CA 92346

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

Name of Employer Occupation
NONE STAY AT HOME DAD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : INCA114994

Amount of Each Receipt this Period
40.00

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

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

240.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 837 E WALNUT AVE

City State Zip Code
GLEN DORA CA 91741

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

Name of Employer Occupation
NONE RETIRED POLICE DET. SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA114960

Amount of Each Receipt this Period
50.00

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

Mailing Address 3155 SANTA MARIA DR

City State Zip Code
CONCORD CA 94518

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

Name of Employer Occupation
INDEPENDENT CONSTRUCTION COMPANY CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA115020

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. & MRS. WILLIAM MOERSHEL

Mailing Address 2090 CHARGER DR

City State Zip Code
SAN JOSE CA 95131

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

Name of Employer Occupation
NONE RETIRED

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
07 / 21 / 2015

Transaction ID : INCA114934

Amount of Each Receipt this Period
500.00

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

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

650.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM MULLIN

Mailing Address 685 OAKHAVEN RD

City State Zip Code
AUBURN CA 95603

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

Name of Employer Occupation
TACO BILL, INC & APPILIATES CHAIRMAN

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
07 / 21 / 2015

Transaction ID : INCA115050

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. JACQUELINE NEVITT

Mailing Address 6745 COLTON BLVD

City State Zip Code
OAKLAND CA 94611

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA114998

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. LOU ROSSI

Mailing Address 2255 SALISBURY WAY

City State Zip Code
SAN MATEO CA 94403

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

Name of Employer Occupation
REQUESTED REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : INCA115049

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DONALD RUBIN

Mailing Address 2923 GILMERTON AVE

City State Zip Code
LOS ANGELES CA 90064

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

Name of Employer Occupation
RUBIN INVESTMENT & MGMT. CO., INC. REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 21 2015

Transaction ID : INCA115028

Amount of Each Receipt this Period
300.00

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

Mailing Address 20134 E DAMERAL DR

City State Zip Code
COVINA CA 91724

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

Name of Employer Occupation
SERIO MOLD INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 21 2015

Transaction ID : INCA115054

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS. BETTY SHERRY

Mailing Address 1724 W CATALPA AVE APT 320

City State Zip Code
ANAHEIM CA 92801

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 21 2015

Transaction ID : INCA114958

Amount of Each Receipt this Period
50.00

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

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

550.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. TY SONNTAG

Mailing Address 215 OAK WOOD WAY

City LOS GATOS State CA Zip Code 95032

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

Name of Employer LE T INC. Occupation CONSTRUCTION SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : INCA114984

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH TODD

Mailing Address 1039 E GRAND BLVD

City CORONA State CA Zip Code 92879

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

Name of Employer NONE Occupation RETIRED

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
 07 / 21 / 2015

Transaction ID : INCA114879

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS. ROBIN WILLIS

Mailing Address 196 QUAILS TRL

City THOUSAND OAKS State CA Zip Code 91361

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

Name of Employer NONE Occupation HOMEMAKER

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
 07 / 21 / 2015

Transaction ID : INCA115005

Amount of Each Receipt this Period
100.00

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

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

350.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. Arnold Zeiderman M.D.

Mailing Address 13250 Shake Ridge Rd

City Sutter Creek State CA Zip Code 95685

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

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
 07 / 21 / 2015

Transaction ID : INCA114940

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. SCOTT BANISTER

Mailing Address PO BOX 997

City HALF MOON BAY State CA Zip Code 94019

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

Name of Employer SELF EMPLOYED Occupation STARTUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2975.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : INCA115343

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS AUDREY BELL

Mailing Address 15 CLARK DR

City SAN MATEO State CA Zip Code 94401

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

Name of Employer AUDREY BELL INC Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : INCA115066

Amount of Each Receipt this Period
150.00

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

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

425.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN BOSSHARD

Mailing Address 5769 DEXTER CIR

City State Zip Code
ROHNERT PARK CA 94928

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

Name of Employer Occupation
NONE RETIRED POLICE SGT.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : INCA115083

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. EUGENE CRAMER

Mailing Address 12 BREWSTER WAY

City State Zip Code
REDLANDS CA 92373

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : INCA115075

Amount of Each Receipt this Period
50.00

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

Mailing Address 588 CRAWFORD DR

City State Zip Code
SUNNYVALE CA 94087

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

Name of Employer Occupation
C J OLSON CHERRIES FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : INCA115076

Amount of Each Receipt this Period
200.00

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Mary Widiner

Mailing Address 625 N La Patera Ln

City: Goleta State: CA Zip Code: 93117

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

Name of Employer: WALPOLE & CO Occupation: CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 07 / 23 / 2015

Transaction ID : INCA115093

Amount of Each Receipt this Period: 225.00

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

Mailing Address 139 LANSBERRY CT

City: LOS GATOS State: CA Zip Code: 95032

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

Name of Employer: SELF, PATRICIA A. HERRON Occupation: BOOKKEEPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 07 / 24 / 2015

Transaction ID : INCA115101

Amount of Each Receipt this Period: 175.00

C. Full Name (Last, First, Middle Initial)
MS CAROLYN HOOPER

Mailing Address 13118 WINDBREAK RD

City: SAN DIEGO State: CA Zip Code: 92130

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

Name of Employer: SELF EMPLOYED Occupation: INTERIOR DESIGNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 24 / 2015

Transaction ID : INCA115112

Amount of Each Receipt this Period: 200.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA IBRAHIM

Mailing Address 18175 FAIRFIELD DR

City MADERA State CA Zip Code 93638

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

Name of Employer LA VINA RANCH Occupation SAFETY COORDINATOR

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
 07 / 25 / 2015

Transaction ID : INCA115345

Amount of Each Receipt this Period
25.00

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

Mailing Address 3418 HEPBURN CIR

City STOCKTON State CA Zip Code 95209

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

Name of Employer NONE Occupation RETIRED

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
 07 / 27 / 2015

Transaction ID : INCA115145

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GAETANO ZAZZARO

Mailing Address 8544 YARROW LN

City RIVERSIDE State CA Zip Code 92508

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : INCA115141

Amount of Each Receipt this Period
50.00

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

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

175.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEYSTON FAMILY TRUST

Mailing Address **PO BOX 7066**

City **CARMEL** State **CA** Zip Code **93921**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : INCA115163

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MRS. BONNIE WILLIAMS

Mailing Address **9260 WINDING OAK DR**

City **FAIR OAKS** State **CA** Zip Code **95628**

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

Name of Employer Occupation
FOLSOM AUTOTECH **OWNER**

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
07 / 28 / 2015

Transaction ID : INCA115169

Amount of Each Receipt this Period
100.00

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

Mailing Address **2197 SUTTER VIEW LN**

City **LINCOLN** State **CA** Zip Code **95648**

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

Name of Employer Occupation
NONE **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : INCA115198

Amount of Each Receipt this Period
100.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. COLLEEN RICKEY

Mailing Address 860 ALOHA ST

City State Zip Code
CAMARILLO CA 93010

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : INCA115211

Amount of Each Receipt this Period
50.00

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

Mailing Address 1361 ROCKY POINT DR

City State Zip Code
OCEANSIDE CA 92056

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

Name of Employer Occupation
TMI REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : INCA115223

Amount of Each Receipt this Period
100.00

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

Mailing Address PO BOX 1243

City State Zip Code
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE DEV.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : INCA115218

Amount of Each Receipt this Period
100.00

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

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

250.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. JEFFREY STEWART		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2351 SUNSET BLVD STE 170		Transaction ID : INCA115236	
City ROCKLIN	State CA	Zip Code 95765	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer INTEL CORP.	Occupation COMPUTER ANALYST		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. DALIA VENCKUS		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 603 14TH ST		Transaction ID : INCA115234	
City SANTA MONICA	State CA	Zip Code 90402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00	
Name of Employer UNEMPLOYED	Occupation OFFICE WORKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00		

Full Name (Last, First, Middle Initial) C. MRS. PATRICIA CRANSTON		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Mailing Address 23460 CAMINO HERMOSO DR		Transaction ID : INCA115259	
City LOS ALTOS HILLS	State CA	Zip Code 94024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation HOUSEWIFE		
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).....	210.00
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 29 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBIN FAISANT

Mailing Address 501 PORTOLA RD #8216

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer ROBIN D. FAISANT, ATTORY AT LAW Occupation ATTORNEY

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
 08 / 04 / 2015

Transaction ID : INCA115261

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
STEVEN AND JANET CROOK

Mailing Address PO BOX 142

City GROVELAND State CA Zip Code 95321

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

Name of Employer SELF EMPLOYED Occupation LOGGING CONTRACTORS

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
 08 / 06 / 2015

Transaction ID : INCA115283

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR MUIR JR.

Mailing Address 1874 SUMMER CLOUD DR

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer NONE Occupation RETIRED

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
 08 / 07 / 2015

Transaction ID : INCA115285

Amount of Each Receipt this Period
50.00

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

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

400.00

400.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. DAVID KAYS		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2015	
Mailing Address 2231 N INDIAN HILLS BLVD		Transaction ID : INCA115310	
City CLAREMONT	State CA	Zip Code 91711	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) B. MR. ROBERT ARNOTT		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2015	
Mailing Address 620 NEWPORT CENTER DR STE 900		Transaction ID : INCA115362	
City NEWPORT BEACH	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer RESEARCH AFFILIATES, LLC	Occupation CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) C. MR. ROBERT ARNOTT		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2015	
Mailing Address 620 NEWPORT CENTER DR STE 900		Transaction ID : INCA115363	
City NEWPORT BEACH	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer RESEARCH AFFILIATES, LLC	Occupation CHAIRMAN		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DONALD Ayres Jr.

Mailing Address 355 Bristol St Ste A

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Occupation
AYRES GROUP HOTEL BUSINESS

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
 08 / 12 / 2015

Transaction ID : INCA115367

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM BECKLEY

Mailing Address 4150 RHODES WAY

City State Zip Code
OCEANSIDE CA 92056

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : INCA115365

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DEBORAH BURGER

Mailing Address 3830 IRON WHEEL CT

City State Zip Code
ROCKLIN CA 95765

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : INCA115346

Amount of Each Receipt this Period
200.00

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

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

1700.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JEFF WILSON

Mailing Address 14009 PEARDALE RD

City State Zip Code
GRASS VALLEY CA 95945

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

Name of Employer Occupation
A-1 DOOR 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
 08 / 14 / 2015

Transaction ID : INCA115359

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS. GERALDINE DREW

Mailing Address 4179 E 3RD AVE

City State Zip Code
NAPA CA 94558

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

Name of Employer Occupation
GENERAL EQUIPMENT OWNER - EQUIPMENT

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
 08 / 17 / 2015

Transaction ID : INCA115375

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. WARREN STRACENER

Mailing Address 4190 HENSLEY CIR

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
EL DORADO COUNTY JUDGE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : INCA115380

Amount of Each Receipt this Period
25.00

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

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

1025.00

**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 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. FRANK VANSKIKE

Mailing Address 380 AILANTHUS LN

City State Zip Code
PLACERVILLE CA 95667

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : INCA115370

Amount of Each Receipt this Period
200.00

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

Mailing Address PO BOX 2456

City State Zip Code
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation
NONE RETIRED

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
 08 / 21 / 2015

Transaction ID : INCA115487

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5769 DEXTER CIR

City State Zip Code
ROHNERT PARK CA 94928

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

Name of Employer Occupation
NONE RETIRED POLICE SGT.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115492

Amount of Each Receipt this Period
50.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. EUGENE CRAMER

Mailing Address 12 BREWSTER WAY

City REDLANDS State CA Zip Code 92373

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.10**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115420

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
MRS. JUNE ENGLAND

Mailing Address PO BOX A

City EL VERANO State CA Zip Code 95433

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

Name of Employer NONE Occupation RETIRED

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
 08 / 21 / 2015

Transaction ID : INCA115478

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
MRS. KAY FINLAY

Mailing Address 10 LA CERRA CIR

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115447

Amount of Each Receipt this Period
 50.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAROLDENE FREEMAN

Mailing Address **PO BOX 2002**

City **DIAMOND SPRINGS** State **CA** Zip Code **95619**

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

Name of Employer **NONE** Occupation **RETIRED**

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
08 / 21 / 2015

Transaction ID : INCA115508

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. MARTIN HARMON

Mailing Address **4020 SIERRA COLLEGE BLVD STE 200**

City **ROCKLIN** State **CA** Zip Code **95677**

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

Name of Employer **AUBURN MANOR HOLDING CORP.** Occupation **BUSINESSMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : INCA115509

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CAMERON LINN

Mailing Address **3140 MILNER RD**

City **ANTIOCH** State **CA** Zip Code **94509**

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

Name of Employer **NONE** Occupation **RETIRED**

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
08 / 21 / 2015

Transaction ID : INCA115468

Amount of Each Receipt this Period
500.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 837 E WALNUT AVE

City State Zip Code
GLEN DORA CA 91741

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

Name of Employer Occupation
NONE RETIRED POLICE DET. SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : INCA115416

Amount of Each Receipt this Period
100.00

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

Mailing Address 3130 CORTE PORTOFINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
MANGIONE INC. OWNER - MCDONALDS RESTAURANTS

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
08 / 21 / 2015

Transaction ID : INCA115470

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. LAURA MIGNANO

Mailing Address 12940 FIR DR

City State Zip Code
SONORA CA 95370

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
455.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : INCA115480

Amount of Each Receipt this Period
75.00

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

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

675.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. JOHN MURRAY		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 6150 ROCKHURST WAY		Transaction ID : INCA115502	
City GRANITE BAY	State CA	Zip Code 95746	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer WESTPARK ASSOCIATES	Occupation COF		
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. MR. LARRY NIEMOTKA		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 184 DOVER WAY		Transaction ID : INCA115474	
City VACAVILLE	State CA	Zip Code 95687	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) C. MR. LOU ROSSI		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 2255 SALISBURY WAY		Transaction ID : INCA115507	
City SAN MATEO	State CA	Zip Code 94403	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer REQUESTED	Occupation REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	2900.00
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: PAGE 38 OF 131
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. W. LEONARD SEELEY

Mailing Address 400 RAILROAD AVE APT 13

City State Zip Code
NEVADA CITY CA 95959

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115460

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS. BETTY SHERRY

Mailing Address 1724 W CATALPA AVE APT 320

City State Zip Code
ANAHEIM CA 92801

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115469

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR. EDWARD TREADGOLD

Mailing Address 1025 ANZA ST

City State Zip Code
SAN FRANCISCO CA 94118

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
312.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115452

Amount of Each Receipt this Period
50.00

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

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

1075.00

**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 39 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS CARLA TRENT

Mailing Address 324 CHESTNUT HILL CT APT 16

City THOUSAND OAKS	State CA	Zip Code 91360
-----------------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115436

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. MALCOLM TUCKER

Mailing Address 6640 CARMELWOOD DR

City CITRUS HEIGHTS	State CA	Zip Code 95621
------------------------	-------------	-------------------

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

Name of Employer SELF & ASSOC.	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
388.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115435

Amount of Each Receipt this Period
100.00

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

Mailing Address 10399 CORFU DR

City ELK GROVE	State CA	Zip Code 95624
-------------------	-------------	-------------------

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

Name of Employer ROYAL ELECTRIC CO.	Occupation CONTRACTOR
--	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115498

Amount of Each Receipt this Period
2600.00

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

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

2800.00

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

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

FOR LINE NUMBER: PAGE 40 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM WALSH

Mailing Address 1275 N MANASSERO ST

City ANAHEIM State CA Zip Code 92807

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

Name of Employer CONTINENTAL VENDING, INC. Occupation PRESIDENT / OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115475

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DR. CORNELIS WESSELING

Mailing Address 904 SANTA CRUZ CT

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer CASE MEDICAL SYSTEM, INC. Occupation ANESTHESIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : INCA115499

Amount of Each Receipt this Period
 150.00

C. Full Name (Last, First, Middle Initial)
MR. SCOTT BANISTER

Mailing Address PO BOX 997

City HALF MOON BAY State CA Zip Code 94019

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

Name of Employer SELF EMPLOYED Occupation STARTUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : INCA115671

Amount of Each Receipt this Period
 25.00

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

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

1175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARNUM TIMBER COMPANY

Mailing Address PO BOX 1365

City State Zip Code
EUREKA CA 95502

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

Name of Employer Occupation
SOLE PROP.

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
 08 / 24 / 2015

Transaction ID : INCA115387

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS LOIS GREEN

Mailing Address 1 W EDITH AVE #B210

City State Zip Code
LOS ALTOS CA 94022

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

Name of Employer Occupation
NONE RETIRED

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
 08 / 24 / 2015

Transaction ID : INCA115388

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS MARGARET MUNSON

Mailing Address 918 MONET CIR

City State Zip Code
WALNUT CREEK CA 94597

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
226.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : INCA115389

Amount of Each Receipt this Period
113.00

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

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

713.00

**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 42 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) PETER KIESECKER		Date of Receipt MM / DD / YYYY 08 / 26 / 2015
Mailing Address 2024 LEEWARD LN		Transaction ID : INCA115516
City NEWPORT BEACH	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer STANDARD PACIFIC HOMES	Occupation REAL ESTATE	
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) MR. MARTIN BOOYE		Date of Receipt MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1916 REDWOOD AVE		Transaction ID : INCA115531
City REDWOOD CITY	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) C. TOWNLEY LARZELERE		Date of Receipt MM / DD / YYYY 08 / 28 / 2015
Mailing Address 509 SANTA CRUZ CT		Transaction ID : INCA115540
City EL DORADO HILLS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer REQUESTED	Occupation REQUESTED	
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).....	950.00
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 43 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 13422 JESSICA DR

City State Zip Code
GARDEN GROVE CA 92843

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

Name of Employer Occupation
L A COUNTY SANTITATION DISTRICT WATER TREATMENT OPERATOR

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
 09 / 03 / 2015

Transaction ID : INCA115551

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. VERNON MCLASKEY

Mailing Address 7535 AUBURN FOLSOM RD

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
620.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015

Transaction ID : INCA115554

Amount of Each Receipt this Period
282.00

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

Mailing Address 3939 WALNUT AVE UNIT 352

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : INCA115566

Amount of Each Receipt this Period
40.00

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

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

522.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HOWARD CHRISTIE

Mailing Address 26 CORRAL RD

City State Zip Code
BELL CANYON CA 91307

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : INCA115560

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. HAROLD COFFEE

Mailing Address 25 AMBER DR

City State Zip Code
SAN FRANCISCO CA 94131

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : INCA115580

Amount of Each Receipt this Period

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

Mailing Address 23460 CAMINO HERMOSO DR

City State Zip Code
LOS ALTOS HILLS CA 94024

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : INCA115591

Amount of Each Receipt this Period

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

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 45 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 20637 LEONARD RD

City State Zip Code
SARATOGA CA 95070

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

Name of Employer Occupation
NONE RETIRED

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
09 / 04 / 2015

Transaction ID : INCA115586

Amount of Each Receipt this Period
100.00

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

Mailing Address 1227 SWANSTON DR

City State Zip Code
SACRAMENTO CA 95818

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

Name of Employer Occupation
EARL CONSTRUCTION COMPANY CONSULTANT

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
09 / 04 / 2015

Transaction ID : INCA115621

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES & JOYCE FEUSI

Mailing Address PO BOX 1245

City State Zip Code
LOOMIS CA 95650

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

Name of Employer Occupation
NONE RETIRED

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
09 / 04 / 2015

Transaction ID : INCA115607

Amount of Each Receipt this Period
100.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 46 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRIAN JACKSON

Mailing Address 7014 SHAY CT

City State Zip Code
HIGHLAND CA 92346

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

Name of Employer Occupation
NONE STAY AT HOME DAD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : INCA115624

Amount of Each Receipt this Period
 35.00

B. Full Name (Last, First, Middle Initial)
MR. ANTHONY MANSOUR

Mailing Address 4364 TOWN CENTER BLVD STE 313

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
THE MANSOUR CO. CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : INCA115632

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
MRS. SANDRA MANSOUR

Mailing Address 4364 TOWN CENTER BLVD STE 313

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : INCA115633

Amount of Each Receipt this Period
 2700.00

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

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

5435.00

**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 47 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DRUMMOND MCCUNN

Mailing Address 6840 POCA MONTOYA DR

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
SELF EMPLOYED LAWYER

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
 09 / 04 / 2015

Transaction ID : INCA115628

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS. COLLEEN RICKEY

Mailing Address 860 ALOHA ST

City State Zip Code
CAMARILLO CA 93010

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : INCA115583

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. Eric Roberts

Mailing Address 2449 Granite Ln

City State Zip Code
Lincoln CA 95648

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : INCA115623

Amount of Each Receipt this Period
100.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. LEONARD ROBINSON

Mailing Address PO BOX 235

City State Zip Code
W SACRAMENTO CA 95691

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

Name of Employer Occupation
RIVER CITY PETROLEUM CORPORATE EXECUTIVE

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
09 / 04 / 2015

Transaction ID : INCA115564

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DALIA VENCKUS

Mailing Address 603 14TH ST

City State Zip Code
SANTA MONICA CA 90402

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

Name of Employer Occupation
UNEMPLOYED OFFICE WORKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : INCA115602

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
DEBORAH BURGER

Mailing Address 3830 IRON WHEEL CT

City State Zip Code
ROCKLIN CA 95765

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : INCA115673

Amount of Each Receipt this Period
200.00

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

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

760.00

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

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

FOR LINE NUMBER: PAGE 49 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRUCE HIGLEY

Mailing Address 880 CAMPUS COMMONS RD

City State Zip Code
SACRAMENTO CA 95825

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : INCA115688

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. PHIL OATES

Mailing Address 500 KHIGHTSBRIDGE LN

City State Zip Code
SACRAMENTO CA 95864

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

Name of Employer Occupation
BUZZ OATES GROUP OF COMPANIES REAL ESTATE

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
 09 / 14 / 2015

Transaction ID : INCA115690

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. EUGENE CRAMER

Mailing Address 12 BREWSTER WAY

City State Zip Code
REDLANDS CA 92373

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : INCA115722

Amount of Each Receipt this Period
100.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) ANNE KURZET		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Mailing Address 33762 VALLE RD		Transaction ID : INCA115779
City SAN JUAN CAPISTRAN	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NONE	Occupation RETIRED	
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) MR. HERBERT LEVIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Mailing Address 724 E GRINELL DR		Transaction ID : INCA115778
City BURBANK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CA STATE DEPT OF JUSTICE	Occupation LAWYER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) MR. WILLIAM MATTOX		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Mailing Address 1058 N LA CADENA DR		Transaction ID : INCA115700
City COLTON	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

SUBTOTAL of Receipts This Page (optional).....	725.00
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: PAGE 51 OF 131
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ARTHUR MUIR

Mailing Address 116 N ROCHESTER ST

City State Zip Code
SAN MATEO CA 94401

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

Name of Employer Occupation
PARKER HANNIFIN BUSINESS DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : INCA115997

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ARTHUR MUIR JR.

Mailing Address 1874 SUMMER CLOUD DR

City State Zip Code
THOUSAND OAKS CA 91362

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 15 / 2015

Transaction ID : INCA115692

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. DON PUTNAM

Mailing Address 764 CAMINO MANZANAS

City State Zip Code
THOUSAND OAKS CA 91360

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : INCA115720

Amount of Each Receipt this Period
100.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 52 OF 131
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS CARLA TRENT

Mailing Address 324 CHESTNUT HILL CT APT 16

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : INCA115748

Amount of Each Receipt this Period
300.00

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

Mailing Address 1541 9TH ST

City SANTA MONICA State CA Zip Code 90401

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : INCA115786

Amount of Each Receipt this Period
300.00

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

Mailing Address 19031 SPICEWOOD LN

City HUNTINGTN BCH State CA Zip Code 92648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : INCA115814

Amount of Each Receipt this Period
100.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 53 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM HAMILTON

Mailing Address 35161 BEACH RD

City State Zip Code
CASTRANO BEACH CA 92624

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : INCA115798

Amount of Each Receipt this Period
50.00

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

Mailing Address 5319 W 138TH ST

City State Zip Code
HAWTHORNE CA 90250

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 16 / 2015

Transaction ID : INCA115795

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES KIRK

Mailing Address 6132 RAINBOW HEIGHTS RD

City State Zip Code
FALLBROOK CA 92028

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 16 / 2015

Transaction ID : INCA115811

Amount of Each Receipt this Period
500.00

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 54 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. BETTY SHERRY

Mailing Address 1724 W CATALPA AVE APT 320

City ANAHEIM State CA Zip Code 92801

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : INCA115792

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS. CATHERINE STOCK

Mailing Address 3115 MERRILL DR APT 51

City TORRANCE State CA Zip Code 90503

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : INCA115788

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GAETANO ZAZZARO

Mailing Address 8544 YARROW LN

City RIVERSIDE State CA Zip Code 92508

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : INCA115793

Amount of Each Receipt this Period
50.00

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 55 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN BOSSHARD

Mailing Address 5769 DEXTER CIR

City State Zip Code
ROHNERT PARK CA 94928

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

Name of Employer Occupation
NONE RETIRED POLICE SGT.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : INCA115845

Amount of Each Receipt this Period
100.00

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

Mailing Address 3201 SANTA FE WAY APT 224

City State Zip Code
ROCKLIN CA 95765

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : INCA115849

Amount of Each Receipt this Period
200.00

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

Mailing Address 8454 EL MODENA AVE

City State Zip Code
ELVERTA CA 95626

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
204.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : INCA115837

Amount of Each Receipt this Period
51.00

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

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

351.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOE HARN

Mailing Address 3340 ROLLS DR

City State Zip Code
SHINGLE SPRINGS CA 95682

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

Name of Employer Occupation
EL DORADO COUNTY AUDITOR-CONTROLLER

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
 09 / 17 / 2015

Transaction ID : INCA115879

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. LAURA MIGNANO

Mailing Address 12940 FIR DR

City State Zip Code
SONORA CA 95370

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
455.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : INCA115836

Amount of Each Receipt this Period
105.00

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

Mailing Address 1448 CROCKER DR

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
SELF-EMPLOYED MARKETING COMMUNICATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : INCA115866

Amount of Each Receipt this Period
100.00

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

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

455.00

**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 57 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address **PO BOX 97**

City **PRATHER** State **CA** Zip Code **93651**

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

Name of Employer **MOUNTAIN PRESS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : INCA115880

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. MALCOLM TUCKER

Mailing Address **6640 CARMELWOOD DR**

City **CITRUS HEIGHTS** State **CA** Zip Code **95621**

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

Name of Employer **SELF & ASSOC.** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **388.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : INCA115855

Amount of Each Receipt this Period
110.00

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

Mailing Address **754 E MACARTHUR ST**

City **SONOMA** State **CA** Zip Code **95476**

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

Name of Employer **NONE** Occupation **RETIRED**

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
09 / 18 / 2015

Transaction ID : INCA115957

Amount of Each Receipt this Period
50.00

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

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

260.00

**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 58 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 1101 VIA GOLETA

City State Zip Code
PALOS VERDES ESTAT CA 90274

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

Name of Employer Occupation
US MANAGERS REALTY, INC. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115910

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. ANDREW BARTH

Mailing Address 2200 CHAUCER RD

City State Zip Code
SAN MARINO CA 91108

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

Name of Employer Occupation
THE CAPITAL GROUP COS. INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115993

Amount of Each Receipt this Period
2700.00

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

Mailing Address 18 MOTT DR

City State Zip Code
ALAMO CA 94507

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115912

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 59 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. ANNE BLAKE

Mailing Address 881 DANVILLE BLVD

City DANVILLE State CA Zip Code 94526

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115938

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS. PAMELA BURKE

Mailing Address 445 OAK HILL TER

City LOMPOC State CA Zip Code 93436

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115943

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DR. PERRY CLOSE PHD

Mailing Address 50 BEACHMONT DR

City SAN FRANCISCO State CA Zip Code 94132

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115988

Amount of Each Receipt this Period
100.00

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 3040 JAVA RD

City COSTA MESA State CA Zip Code 92626

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115964

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
HAROLDENE FREEMAN

Mailing Address PO BOX 2002

City DIAMOND SPRINGS State CA Zip Code 95619

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115934

Amount of Each Receipt this Period
100.00

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

Mailing Address 2053 RIESLING WAY

City CAMERON PARK State CA Zip Code 95682

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

Name of Employer VERISIGN, INC. Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115958

Amount of Each Receipt this Period
200.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. KENT PROPERTIES INVESTMENTS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 413

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
SOLE PROPR

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
 09 / 18 / 2015

Transaction ID : INCA115920

Amount of Each Receipt this Period
250.00

B. MRS. MARY LOGASA

Full Name (Last, First, Middle Initial)
Mailing Address 957 FAIRWAY DR

City State Zip Code
SONOMA CA 95476

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115948

Amount of Each Receipt this Period
175.00

C. MR. EDWARD LYNCH

Full Name (Last, First, Middle Initial)
Mailing Address 25752 PASEO DE LA PAZ

City State Zip Code
SAN JUAN CAPISTRAN CA 92675

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115916

Amount of Each Receipt this Period
100.00

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. David Nearon

Mailing Address 111 Southview Ln

City Alamo State CA Zip Code 94507

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

Name of Employer SELF EMPLOYED 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
 09 / 18 / 2015

Transaction ID : INCA115931

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2229 STRADELLA RD

City LOS ANGELES State CA Zip Code 90077

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

Name of Employer WINDWARD CAPITAL MGMT CO Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115996

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
MR. EDWARD TREADGOLD

Mailing Address 1025 ANZA ST

City SAN FRANCISCO State CA Zip Code 94118

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115981

Amount of Each Receipt this Period
 53.00

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

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

3253.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENRY WALTHER M.D.

Mailing Address 6845 RANCHO LOS PAVOS LN

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
CASE MEDICAL GROUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : INCA115990

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
BERRY BROTHERS TOWING AND AUTO SERVICE

Mailing Address 598 55TH ST

City State Zip Code
OAKLAND CA 94609

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116009

Amount of Each Receipt this Period
375.00

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

Mailing Address 3939 WALNUT AVE UNIT 352

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116004

Amount of Each Receipt this Period
80.00

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

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

755.00

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

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

FOR LINE NUMBER: PAGE 64 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HOWARD CHRISTIE

Mailing Address 26 CORRAL RD

City State Zip Code
BELL CANYON CA 91307

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116000

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
MR. KENNETH COLLIN

Mailing Address 2972 SAILOR AVE

City State Zip Code
VENTURA CA 93001

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116037

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID KAYS

Mailing Address 2231 N INDIAN HILLS BLVD

City State Zip Code
CLAREMONT CA 91711

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116045

Amount of Each Receipt this Period
300.00

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

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

540.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RANDY KEITH

Mailing Address 2095 VISTA MAR DR

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
REQUESTED REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 21 2015

Transaction ID : INCA116040

Amount of Each Receipt this Period
100.00

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

Mailing Address 111 ELM ST # 3

City State Zip Code
SAN DIEGO CA 92101

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

Name of Employer Occupation
JAMES S. MARINOS, A.P.C., ATTORNEY AT ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 21 2015

Transaction ID : INCA116027

Amount of Each Receipt this Period
165.00

C. Full Name (Last, First, Middle Initial)
MRS. JACQUELINE NEVITT

Mailing Address 6745 COLTON BLVD

City State Zip Code
OAKLAND CA 94611

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 21 2015

Transaction ID : INCA115998

Amount of Each Receipt this Period
100.00

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

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

365.00

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

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

FOR LINE NUMBER: PAGE 66 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHARLIE OLSON

Mailing Address 588 CRAWFORD DR

City State Zip Code
SUNNYVALE CA 94087

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

Name of Employer Occupation
C J OLSON CHERRIES FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116021

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS MAUREEN O'NEILL

Mailing Address 1810 ALDEN ST

City State Zip Code
BELMONT CA 94002

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116010

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. EMANUEL TUTTLE

Mailing Address 1101 DOE CT

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : INCA116050

Amount of Each Receipt this Period
450.00

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

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

800.00

**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 67 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ADELBERT BABLO

Mailing Address 506 MARINA BLVD

City SUISUN CITY State CA Zip Code 94585

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116131

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. SCOTT BANISTER

Mailing Address PO BOX 997

City HALF MOON BAY State CA Zip Code 94019

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

Name of Employer SELF EMPLOYED Occupation STARTUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116155

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR. ROY BILLINGS

Mailing Address 16156 GREENWOOD RD

City MONTE SERENO State CA Zip Code 95030

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

Name of Employer NONE Occupation RETIRED

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
 09 / 22 / 2015

Transaction ID : INCA116083

Amount of Each Receipt this Period
500.00

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY BROOKS

Mailing Address **683 ANDERSON AVE**

City **BRENTWOOD** State **CA** Zip Code **94513**

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

Name of Employer **NONE** Occupation **HOUSEWIFE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : INCA116098

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
DEBORAH BURGER

Mailing Address **3830 IRON WHEEL CT**

City **ROCKLIN** State **CA** Zip Code **95765**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : INCA116154

Amount of Each Receipt this Period
200.00

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

Mailing Address **23460 CAMINO HERMOSO DR**

City **LOS ALTOS HILLS** State **CA** Zip Code **94024**

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

Name of Employer **NONE** Occupation **HOUSEWIFE**

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
09 / 22 / 2015

Transaction ID : INCA116073

Amount of Each Receipt this Period
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 13422 JESSICA DR

City State Zip Code
GARDEN GROVE CA 92843

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

Name of Employer Occupation
L A COUNTY SANTITATION DISTRICT WATER TREATMENT OPERATOR

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
 09 / 22 / 2015

Transaction ID : INCA116077

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MRS. KATHY FAIRINGTON

Mailing Address 3751 CLUBHOUSE CT

City State Zip Code
ROCKLIN CA 95765

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

Name of Employer Occupation
NONE HOMEMAKER

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
 09 / 22 / 2015

Transaction ID : INCA116152

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS. KAY FINLAY

Mailing Address 10 LA CERRA CIR

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116135

Amount of Each Receipt this Period
100.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 70 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRUCE FREDRICKSON

Mailing Address 399 LIVE OAK CT

City State Zip Code
MILPITAS CA 95035

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

Name of Employer Occupation
PHYSICAL ELECTRONICS USA ENGINEER

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
 09 / 22 / 2015

Transaction ID : INCA116108

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS CAROLYN HOOPER

Mailing Address 13118 WINDBREAK RD

City State Zip Code
SAN DIEGO CA 92130

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

Name of Employer Occupation
SELF EMPLOYED INTERIOR DESIGNER

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
 09 / 22 / 2015

Transaction ID : INCA116076

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS. NADINE LEYTON

Mailing Address 1150 POLARIS DR

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 22 / 2015

Transaction ID : INCA116150

Amount of Each Receipt this Period
500.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. JOHN LUTHER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 837 E WALNUT AVE		Transaction ID : INCA116065	
City GLENDORA	State CA	Zip Code 91741	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED POLICE DET. SUPERVISOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. MR. JOHN MCROSKEY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address PO BOX 1243		Transaction ID : INCA116051	
City RANCHO SANTA FE	State CA	Zip Code 92067	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE DEV.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. MRS. COLLEEN RICKEY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 860 ALOHA ST		Transaction ID : INCA116070	
City CAMARILLO	State CA	Zip Code 93010	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	250.00
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 72 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 5440 WASHINGTON ST

City NAPA State CA Zip Code 94558

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

Name of Employer NONE Occupation RETIRED MARINE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116103

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. RALPH SCRIBA

Mailing Address 2055 VIA VISALIA

City PALOS VERDES ESTAT State CA Zip Code 90274

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116062

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
MR. JEFFREY SKINNER

Mailing Address PO BOX 7007

City NORTHRIDGE State CA Zip Code 91327

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

Name of Employer PRISM MANAGEMENT Occupation ACTUARY

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
 09 / 22 / 2015

Transaction ID : INCA116153

Amount of Each Receipt this Period
1000.00

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

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

1950.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 73 OF 131

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. TY SONNTAG

Mailing Address 215 OAK WOOD WAY

City State Zip Code
 LOS GATOS CA 95032

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

Name of Employer Occupation
 LE T INC. CONSTRUCTION SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116127

Amount of Each Receipt this Period
 150.00

B. Full Name (Last, First, Middle Initial)
DALIA VENCKUS

Mailing Address 603 14TH ST

City State Zip Code
 SANTA MONICA CA 90402

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

Name of Employer Occupation
 UNEMPLOYED OFFICE WORKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : INCA116118

Amount of Each Receipt this Period
 150.00

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

Mailing Address 9260 WINDING OAK DR

City State Zip Code
 FAIR OAKS CA 95628

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

Name of Employer Occupation
 FOLSOM AUTOTECH OWNER

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
 09 / 22 / 2015

Transaction ID : INCA116106

Amount of Each Receipt this Period
 100.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 1111 W EL CAMINO REAL STE 109 MB 3

City State Zip Code
SUNNYVALE CA 94087

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

Name of Employer Occupation
INTEL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : INCA116455

Amount of Each Receipt this Period
500.00

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

Mailing Address 380 AILANTHUS LN

City State Zip Code
PLACERVILLE CA 95667

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : INCA116156

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR. HUGH BREWSTER

Mailing Address 16730 OAK VIEW CIRCLE

City State Zip Code
MORGAN HILL CA 95037

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

Name of Employer Occupation
NONE NONE

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
 09 / 24 / 2015

Transaction ID : INCA116181

Amount of Each Receipt this Period
250.00

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

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

1050.00

**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 75 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. TOM CROSBY

Mailing Address 15415 RIDGEWOOD DR

City SONORA State CA Zip Code 95370

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : INCA116183

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
MR. BRUCE HIGLEY

Mailing Address 880 CAMPUS COMMONS RD

City SACRAMENTO State CA Zip Code 95825

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : INCA116178

Amount of Each Receipt this Period
 25.00

C. Full Name (Last, First, Middle Initial)
MR. 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 SELF EMPLOYED Occupation RICE 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
 09 / 24 / 2015

Transaction ID : INCA116179

Amount of Each Receipt this Period
 500.00

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

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

3225.00

**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 76 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DIANE STEFFY

Mailing Address **6 CYPRESS POINT LN**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

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
09 / 24 / 2015

Transaction ID : INCA116175

Amount of Each Receipt this Period
1000.00

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

Mailing Address **PO BOX 496028**

City **REDDING** State **CA** Zip Code **96049**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : INCA116367

Amount of Each Receipt this Period
1500.00

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

Mailing Address **PO BOX 496028**

City **REDDING** State **CA** Zip Code **96049**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : INCA116378

Amount of Each Receipt this Period
1500.00

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: PAGE 77 OF 131
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

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

Mailing Address **PO BOX 496028**

City **REDDING** State **CA** Zip Code **96049**

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

Name of Employer **SIERRA PACIFIC IND.** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : INCA116375

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
LLOYD GRANT DDS

Mailing Address **20211 PIERCE RD**

City **SARATOGA** State **CA** Zip Code **95070**

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

Name of Employer **NONE** Occupation **RETIRED**

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
09 / 25 / 2015

Transaction ID : INCA116351

Amount of Each Receipt this Period
100.00

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

Mailing Address **35161 BEACH RD**

City **CAPISTRANO BEACH** State **CA** Zip Code **92624**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : INCA116355

Amount of Each Receipt this Period
25.00

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

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

1625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEYSTON FAMILY TRUST

Mailing Address **PO BOX 7066**

City **CARMEL** State **CA** Zip Code **93921**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : INCA116186

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
HARRY & CARLEEN LEISE

Mailing Address **3241 CAVU HILL RD**

City **SHINGLE SPRINGS** State **CA** Zip Code **95682**

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

Name of Employer Occupation
NONE RETIRED

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
09 / 25 / 2015

Transaction ID : INCA116354

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DR. TOM LOVE

Mailing Address **5827 LA SALLE AVE**

City **OAKLAND** State **CA** Zip Code **94611**

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

Name of Employer Occupation
ASIAN HEALTH SERVICES ORAL SURGERY

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
09 / 25 / 2015

Transaction ID : INCA116224

Amount of Each Receipt this Period
250.00

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

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

575.00

**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 79 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DAVID MCCOSKER

Mailing Address 3155 SANTA MARIA DR

City State Zip Code
CONCORD CA 94518

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

Name of Employer Occupation
INDEPENDENT CONSTRUCTION COMPANY CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : INCA116361

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS. LAURA MIGNANO

Mailing Address 12940 FIR DR

City State Zip Code
SONORA CA 95370

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : INCA116359

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. CHESTER PIPKIN

Mailing Address 1230 5TH ST

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
BELKIN INTERNATIONAL CORPORATION FOUNDER AND CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : INCA116259

Amount of Each Receipt this Period
2700.00

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

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

2900.00

**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 80 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

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

Mailing Address 8545 CARMEL VALLEY RD

City State Zip Code
CARMEL CA 93923

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : INCA116210

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. WARREN STRACENER

Mailing Address 4190 HENSLEY CIR

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
EL DORADO COUNTY JUDGE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : INCA116376

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS. SANDY THRONE

Mailing Address 4131 HENSLEY CIR

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 25 / 2015

Transaction ID : INCA116235

Amount of Each Receipt this Period
250.00

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

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

525.00

**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 81 OF 131
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHNNY ZAMRZLA

Mailing Address 2229 E AVENUE Q

City PALMDALE State CA Zip Code 93550

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

Name of Employer WESTERN PACIFIC ROOFING Occupation CONTRACTOR/OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : INCA116381

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
DR. PHILIP DREISBACH

Mailing Address 39800 BOB HOPE DR STE C

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer DESERT ONCOLOGY MED GROUP INC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : INCA116254

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. LAWRENCE EDELMAN

Mailing Address 130 SAN ALESO AVE

City SAN FRANCISCO State CA Zip Code 94127

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

Name of Employer LAWRENCE BERKELEY NATIONAL LAB 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
 09 / 28 / 2015

Transaction ID : INCA116240

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 82 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. KENNETH HARTMANN

Mailing Address 525 E MAGNOLIA BLVD APT C

City State Zip Code
BURBANK CA 91501

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 28 / 2015

Transaction ID : INCA116239

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Widiner

Mailing Address 625 N La Patera Ln

City State Zip Code
Goleta CA 93117

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

Name of Employer Occupation
WALPOLE & CO CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : INCA116257

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER PETRIN

Mailing Address 448 GREENWOOD BEACH RD

City State Zip Code
TIBURON CA 94920

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

Name of Employer Occupation
CHRIS PETRIN MANAGE INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : INCA116269

Amount of Each Receipt this Period
2700.00

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

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

3925.00

**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 83 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BYRON WEISZ

Mailing Address 9754 LUBEL LN

City ACAMPO State CA Zip Code 95220

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

Name of Employer CEN-CAL FIRE Occupation PRESIDENT/CO-OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : INCA116268

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. BRUCE CLARK

Mailing Address 3501 CULVER LN

City CAMERON PARK State CA Zip Code 95682

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : INCA116333

Amount of Each Receipt this Period
 250.00

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

Mailing Address 30448 RANCHO VIEJO RD STE 172

City SAN JUAN CAPISTRAN State CA Zip Code 92675

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

Name of Employer BOB FERGUSON - INDEPENDENT Occupation PETROLEUM GEOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : INCA116274

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRUCE HIGLEY

Mailing Address 880 CAMPUS COMMONS RD

City State Zip Code
SACRAMENTO CA 95825

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : INCA116336

Amount of Each Receipt this Period
25.00

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).....

25.00

83165.00

**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 85 OF 131
	<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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INT'L BOTTLED WATER ASSOC. PAC

Mailing Address 1700 DIAGONAL ROAD STE 650

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00457226

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
 07 / 03 / 2015

Transaction ID : INCA114773

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 430 N MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00436931

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
 07 / 03 / 2015

Transaction ID : INCA114771

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AEROJET & GENCORP PAC

Mailing Address PO BOX 13222

City State Zip Code
SACRAMENTO CA 95813

FEC ID number of contributing federal political committee. **C** C00129122

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
 08 / 12 / 2015

Transaction ID : INCA115368

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 86 OF 131
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATL ASSN OF INS & FIN ADV PAC

Mailing Address 2901 TELESTAR CT

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

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
 08 / 12 / 2015

Transaction ID : INCA115366

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
CULAC THE PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW, S. BL

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

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
 09 / 28 / 2015

Transaction ID : INCA116344

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

8000.00

**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 87 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DOMINO'S			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 8405 SIERRA COLLEGE BLVD.			Amount of Each Disbursement this Period 111.07	
City ROSEVILLE	State CA	Zip Code 95661	Transaction ID : EXPB115314	
Purpose of Disbursement MEETING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 4.85	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB115329	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 60.00	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB115326	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	175.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 2.80
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name	Category/Type 001	Transaction ID : EXPB115330
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 25.30
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name	Category/Type 001	Transaction ID : EXPB115331
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. FIA CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address P. O. BOX 15716		Amount of Each Disbursement this Period 284.79
City WILMINGTON State DE Zip Code 19886	Purpose of Disbursement CREDIT CARD PAYMENT	
Candidate Name	Category/Type 001	Transaction ID : EXPB114744
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).....	312.89
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BROOKFIELD'S		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1817 TAYLOR RD.		Amount of Each Disbursement this Period 37.19
City ROSEVILLE	State CA	
Zip Code 95661	Purpose of Disbursement MEETING	Transaction ID : EDTB333EXPB114744 [MEMO ITEM]
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. CITY OF SACRAMENTO		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1011 I ST.		Amount of Each Disbursement this Period 7.50
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement PARKING	Transaction ID : EDTB330EXPB114744 [MEMO ITEM]
Candidate Name	002 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. CITY OF SACRAMENTO		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1011 I ST.		Amount of Each Disbursement this Period 6.50
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement PARKING	Transaction ID : EDTB331EXPB114744 [MEMO ITEM]
Candidate Name	002 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).....	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 90 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STOR N LOK		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 21 MASSIE CT.		Amount of Each Disbursement this Period 140.00
City SACRAMENTO	State CA	
Zip Code 95828	Purpose of Disbursement STORAGE	Transaction ID : EDTB332EXPB114744
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. THE MONACO GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 15229.60
City SANTA ANA	State CA	
Zip Code 92705	Purpose of Disbursement MASS MAIL	Transaction ID : EXPB114739
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. TIM MACY & ASSOC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 1831 IRON POINT RD. #120		Amount of Each Disbursement this Period 545.60
City FOLSOM	State CA	
Zip Code 95630	Purpose of Disbursement MASS MAIL	Transaction ID : EXPB114742
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).....	15775.20
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 91 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015	
Mailing Address P. O. BOX 660720			Amount of Each Disbursement this Period 49.48	
City DALLAS	State TX	Zip Code 74266	Transaction ID : EXPB115316	
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:				

Full Name (Last, First, Middle Initial) B. U.S. POSTAL SVC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015	
Mailing Address 1750 Pennsylvania Ave. NW			Amount of Each Disbursement this Period 5.75	
City Washington	State DC	Zip Code 20006	Transaction ID : EXPB115317	
Purpose of Disbursement POSTAGE		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. THOMAS MCCLINTOCK			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015	
Mailing Address 2601 MARINA POINT LN.			Amount of Each Disbursement this Period 20.94	
City Elk Grove	State CA	Zip Code 95672	Transaction ID : EXPB114762	
Purpose of Disbursement MILEAGE		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	76.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 131		
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CALIF. STATE DISBURSEMENT UNIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address P. O. BOX 989067		Amount of Each Disbursement this Period 687.82
City WEST SACRAMENTO	State CA	
Zip Code 95798	Purpose of Disbursement COURT ORDERED SUPPORT	Transaction ID : EXPB114768
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. DELUXE BUSINESS FORMS		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address P. O. BOX 742572		Amount of Each Disbursement this Period 212.32
City CINCINNATI	State OH	
Zip Code 45274	Purpose of Disbursement SUPPLIES	Transaction ID : EXPB115327
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. MR. JON HUEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address PO BOX 1198		Amount of Each Disbursement this Period 2420.25
City ROCKLIN	State CA	
Zip Code 95677	Purpose of Disbursement PAYROLL	Transaction ID : EXPB114766
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:		

SUBTOTAL of Disbursements This Page (optional).....	3320.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Joseph Yocca Jr.			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015	
Mailing Address 4697 YORKSHIRE WAY			Amount of Each Disbursement this Period 687.82	
City GRANITE BAY	State CA	Zip Code 95746	Transaction ID : EXPB114767	
Purpose of Disbursement PAYROLL		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. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 5.70	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB115332	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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 STORAGE			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015	
Mailing Address 715 CIRBY WAY			Amount of Each Disbursement this Period 70.00	
City Roseville	State CA	Zip Code 95678	Transaction ID : EXPB115320	
Purpose of Disbursement STORAGE		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).....	763.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITAL DEVELOPMENT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 1127 11TH ST. #310		Amount of Each Disbursement this Period 388.48
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement FUNDRAISING COMMISSION	Transaction ID : EXPB114778
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. CHASE BANK		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 1300 21ST ST		Amount of Each Disbursement this Period 72.50
City SACRAMENTO	State CA	
Zip Code 95811	Purpose of Disbursement BANK FEE	Transaction ID : EXPB115328
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 9.15
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Transaction ID : EXPB115333
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).....	470.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 131		
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE MONACO GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 8060.76
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement MASS MAIL 003 Category/Type	
Candidate Name		Transaction ID : EXPB114777
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. VOTE RITE SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 3440 VIKING DR. #105		Amount of Each Disbursement this Period 732.04
City SACRAMENTO State CA Zip Code 95827	Purpose of Disbursement DATA PROCESSING 001 Category/Type	
Candidate Name		Transaction ID : EXPB114776
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 1.18
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name		Transaction ID : EXPB115334
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).....	8793.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 131		
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 93.00 Transaction ID : EXPB115322
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement MEETING	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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 13.63 Transaction ID : EXPB115335
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 25.54 Transaction ID : EXPB115336
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	132.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.88 Transaction ID : EXPB115337
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CALIF. STATE DISBURSEMENT UNIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address P. O. BOX 989067		Amount of Each Disbursement this Period 2861.67 Transaction ID : EXPB115062
City WEST SACRAMENTO State CA Zip Code 95798	Purpose of Disbursement COURT ORDERED SUPPORT 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:		

Full Name (Last, First, Middle Initial) C. HOUSE GIFT SHOP		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address HOUSE OF REPRESENTATIVES		Amount of Each Disbursement this Period 104.40 Transaction ID : EXPB115324
City Washington State DC Zip Code 20515	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2966.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 1.55
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB115338
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Mr. Joseph Yocca Jr.		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4697 YORKSHIRE WAY		Amount of Each Disbursement this Period 2861.67
City GRANITE BAY State CA Zip Code 95746	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : EXPB115063
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.93
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB115339
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	2864.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAILCHIMP.COM		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 512 MEANS ST. #404		Amount of Each Disbursement this Period 200.00 Transaction ID : EXPB115325
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement BROADCAST E-MAIL 004 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. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 7210 GREENHAVEN DR. #A		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB115138
City Sacramento State CA Zip Code 95831	Purpose of Disbursement INSURANCE 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:		

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 12.87 Transaction ID : EXPB115340
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	712.87
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T MOBILITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address P. O. BOX 537104		Amount of Each Disbursement this Period 87.51 Transaction ID : EXPB115208
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:		

Full Name (Last, First, Middle Initial) B. AT&T MOBILITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address P. O. BOX 6463		Amount of Each Disbursement this Period 118.52 Transaction ID : EXPB115207
City Carol Stream State IL Zip Code 60197	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:		

Full Name (Last, First, Middle Initial) C. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 588.80 Transaction ID : EXPB115206
City SACRAMENTO State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC. Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	794.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. CONSOLIDATED COMMUNICATIONS

Mailing Address P. O. BOX 30697

City LOS ANGELES State CA Zip Code 90030

Purpose of Disbursement PHONE SVC. Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 07 / 29 / 2015

Amount of Each Disbursement this Period 379.54

Transaction ID : EXPB115205

Full Name (Last, First, Middle Initial)
B. EMPLOYMENT DEVELOPMENT DEPT.

Mailing Address P. O. BOX 826276

City SACRAMENTO State CA Zip Code 94230

Purpose of Disbursement TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 07 / 29 / 2015

Amount of Each Disbursement this Period 134.50

Transaction ID : EXPB115203

Full Name (Last, First, Middle Initial)
C. MR. JON HUEY

Mailing Address PO BOX 1198

City ROCKLIN State CA Zip Code 95677

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 07 / 29 / 2015

Amount of Each Disbursement this Period 2420.25

Transaction ID : EXPB115204

SUBTOTAL of Disbursements This Page (optional)..... 2934.29

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SVC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address .		Amount of Each Disbursement this Period 2660.14
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement TAXES	Transaction ID : EXPB115202
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 60.00
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Transaction ID : EXPB115644
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 68.46
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Transaction ID : EXPB115636
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:		

SUBTOTAL of Disbursements This Page (optional).....	2788.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015	
Mailing Address P. O. BOX 660720			Amount of Each Disbursement this Period 40.67	
City DALLAS	State TX	Zip Code 74266	Transaction ID : EXPB115647	
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:			

Full Name (Last, First, Middle Initial) B. B&H PHOTO			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address WWW.BHFOTOVIDEO.COM			Amount of Each Disbursement this Period 229.00	
City NEW YORK	State NY	Zip Code 10000	Transaction ID : EXPB115649	
Purpose of Disbursement SUPPLIES		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. FIA CARD SERVICES			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address P. O. BOX 15716			Amount of Each Disbursement this Period 533.71	
City WILMINGTON	State DE	Zip Code 19886	Transaction ID : EXPB115313	
Purpose of Disbursement CREDIT CARD PAYMENT		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).....	803.38
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STOR N LOK		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 21 MASSIE CT.		Amount of Each Disbursement this Period 140.00
City SACRAMENTO	State CA	
Zip Code 95828	Purpose of Disbursement STORAGE	Transaction ID : EDTB334EXPB115313 [MEMO ITEM]
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. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 393.71
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement MEETING	Transaction ID : EDTB335EXPB115313 [MEMO ITEM]
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. THOMAS MCCLINTOCK		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 2601 MARINA POINT LN.		Amount of Each Disbursement this Period 72.74
City Elk Grove	State CA	
Zip Code 95672	Purpose of Disbursement MILEAGE	Transaction ID : EXPB115312
Candidate Name	Category/Type 002	
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).....	72.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

A. PAYPAL

Full Name (Last, First, Middle Initial)
Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Disbursement this Period
5.70

Transaction ID : EXPB115637

Category/Type: 001

B. VOTE RITE SYSTEMS, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 3440 VIKING DR. #105

City SACRAMENTO State CA Zip Code 95827

Purpose of Disbursement
DATA PROCESSING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Disbursement this Period
747.90

Transaction ID : EXPB115311

Category/Type: 001

C. MR. JON HUEY

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1198

City ROCKLIN State CA Zip Code 95677

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Disbursement this Period
2420.25

Transaction ID : EXPB115341

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 3173.85

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.93 Transaction ID : EXPB115638
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 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 STORAGE		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015
Mailing Address 715 CIRBY WAY		Amount of Each Disbursement this Period 70.00 Transaction ID : EXPB115650
City Roseville State CA Zip Code 95678	Purpose of Disbursement STORAGE 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:		

Full Name (Last, First, Middle Initial) C. CHASE BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 1300 21ST ST		Amount of Each Disbursement this Period 136.98 Transaction ID : EXPB115645
City SACRAMENTO State CA Zip Code 95811	Purpose of Disbursement BANK FEE 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).....	207.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 12.03
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING Category/Type 001	
Candidate Name		Transaction ID : EXPB115651
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.80
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE Category/Type 001	
Candidate Name		Transaction ID : EXPB115639
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 BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 1300 21ST ST		Amount of Each Disbursement this Period 2.00
City SACRAMENTO State CA Zip Code 95811	Purpose of Disbursement BANK FEE Category/Type 001	
Candidate Name		Transaction ID : EXPB115646
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).....	14.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 6.64
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.88
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SALESFORCE.COM		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 1 MARKET ST. #300		Amount of Each Disbursement this Period 375.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement SOFTWARE	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).....	382.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAILCHIMP.COM		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 512 MEANS ST. #404		Amount of Each Disbursement this Period 200.00 Transaction ID : EXPB115661
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement BROADCAST E-MAIL 004 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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 28.08 Transaction ID : EXPB115642
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 149.36 Transaction ID : EXPB115662
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement MEETING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	377.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 21.03 Transaction ID : EXPB115663
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING 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. AT&T MOBILITY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address P. O. BOX 6463		Amount of Each Disbursement this Period 120.10 Transaction ID : EXPB115526
City Carol Stream State IL Zip Code 60197	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:		

Full Name (Last, First, Middle Initial) C. AT&T MOBILITY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address P. O. BOX 537104		Amount of Each Disbursement this Period 87.42 Transaction ID : EXPB115525
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).....	219.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID BAUER			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015	
Mailing Address 2150 RIVER PLAZA DR. #150			Amount of Each Disbursement this Period 586.50	
City SACRAMENTO	State CA	Zip Code 95833	Transaction ID : EXPB115527	
Purpose of Disbursement ACCOUNTING SVC.		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CONSOLIDATED COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015	
Mailing Address P. O. BOX 30697			Amount of Each Disbursement this Period 382.48	
City LOS ANGELES	State CA	Zip Code 90030	Transaction ID : EXPB115529	
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:				

Full Name (Last, First, Middle Initial) C. EMPLOYMENT DEVELOPMENT DEPT.			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015	
Mailing Address P. O. BOX 826276			Amount of Each Disbursement this Period 134.50	
City SACRAMENTO	State CA	Zip Code 94230	Transaction ID : EXPB115523	
Purpose of Disbursement TASES		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).....	1103.48
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 112 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. JON HUEY			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015	
Mailing Address PO BOX 1198			Amount of Each Disbursement this Period 2420.25	
City ROCKLIN	State CA	Zip Code 95677	Transaction ID : EXPB115522	
Purpose of Disbursement PAYROLL		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. INTERNAL REVENUE SVC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015	
Mailing Address .			Amount of Each Disbursement this Period 1484.50	
City OGDEN	State UT	Zip Code 84201	Transaction ID : EXPB115524	
Purpose of Disbursement TAXES		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. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 6.74	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB115643	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	3911.49
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. CAPITAL DEVELOPMENT STRATEGIES

Mailing Address 1127 11TH ST. #310

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 01 / 2015

Amount of Each Disbursement this Period: 150.98

Transaction ID : EXPB115528

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. PAYPAL

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2015

Amount of Each Disbursement this Period: 60.00

Transaction ID : EXPB116428

Category/Type: 001

Full Name (Last, First, Middle Initial)
C. ARISTOTLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVE. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 6000.00

Transaction ID : EXPB116414

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 6210.98

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FIA CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address P. O. BOX 15716		Amount of Each Disbursement this Period 279.23
City WILMINGTON	State DE	
Purpose of Disbursement CREDIT CARD PAYMENT	Zip Code 19886	Transaction ID : EXPB115548
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. HYATT REGENCY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 1203 L ST.		Amount of Each Disbursement this Period 56.48
City Sacramento	State CA	
Purpose of Disbursement MEETING	Zip Code 95814	Transaction ID : EDTB337EXPB115548
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. STOR N LOK		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 21 MASSIE CT.		Amount of Each Disbursement this Period 140.00
City SACRAMENTO	State CA	
Purpose of Disbursement STORAGE	Zip Code 95828	Transaction ID : EDTB336EXPB115548
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:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	279.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TIM MACY & ASSOC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 1831 IRON POINT RD. #120		Amount of Each Disbursement this Period 511.52 Transaction ID : EXPB115547
City FOLSOM State CA Zip Code 95630	Purpose of Disbursement MASS MAIL 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. ZINFANDEL CENTER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 2220 DOUGLAS BLVD. #280		Amount of Each Disbursement this Period 1293.00 Transaction ID : EXPB115546
City ROSEVILLE State CA Zip Code 95661	Purpose of Disbursement RENT 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. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 295.99 Transaction ID : EXPB116415
City SACRAMENTO State CA Zip Code 95838	Purpose of Disbursement AIRFARE Candidate Name Category/Type 002	
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).....	2100.51
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 12.03
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING Category/Type 001	
Candidate Name		Transaction ID : EXPB116416
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. THOMAS MCCLINTOCK		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 2601 MARINA POINT LN.		Amount of Each Disbursement this Period 533.34
City Elk Grove State CA Zip Code 95672	Purpose of Disbursement MILEAGE Category/Type 002	
Candidate Name		Transaction ID : EXPB115665
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 3.20
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE Category/Type 001	
Candidate Name		Transaction ID : EXPB116429
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)..... 548.57
TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE MONACO GROUP			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015	
Mailing Address 1011 S. LINWOOD AVE.			Amount of Each Disbursement this Period 8878.69	
City SANTA ANA	State CA	Zip Code 92705	Transaction ID : EXPB115634	
Purpose of Disbursement MASS MAIL		Category/ Type 003		
Candidate Name				
Office Sought:	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. VOTE RITE SYSTEMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015	
Mailing Address 3440 VIKING DR. #105			Amount of Each Disbursement this Period 794.63	
City SACRAMENTO	State CA	Zip Code 95827	Transaction ID : EXPB115635	
Purpose of Disbursement DATA PROCESSING		Category/ Type 001		
Candidate Name				
Office Sought:	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. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 6.50	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB116430	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought:	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).....	9679.82
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 118 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 6.40
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name	Category/Type 001	Transaction ID : EXPB116431
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. CALIF. STATE DISBURSEMENT UNIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address P. O. BOX 989067		Amount of Each Disbursement this Period 1154.38
City WEST SACRAMENTO State CA Zip Code 95798	Purpose of Disbursement COURT ORDERED SUPPORT	
Candidate Name	Category/Type 001	Transaction ID : EXPB115668
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. MR. JON HUEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address PO BOX 1198		Amount of Each Disbursement this Period 2420.25
City ROCKLIN State CA Zip Code 95677	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type 001	Transaction ID : EXPB115667
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).....	3581.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 30.18 Transaction ID : EXPB116432
City San Jose	State CA	Zip Code 95125	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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 STORAGE			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 715 CIRBY WAY			Amount of Each Disbursement this Period 70.00 Transaction ID : EXPB116418
City Roseville	State CA	Zip Code 95678	
Purpose of Disbursement STORAGE		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. Mr. Joseph Yocca Jr.			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 4697 YORKSHIRE WAY			Amount of Each Disbursement this Period 1154.37 Transaction ID : EXPB115666
City GRANITE BAY	State CA	Zip Code 95746	
Purpose of Disbursement PAYROLL		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).....	1254.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHASE BANK			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015	
Mailing Address 1300 21ST ST			Amount of Each Disbursement this Period 93.86	
City SACRAMENTO	State CA	Zip Code 95811	Transaction ID : EXPB116427	
Purpose of Disbursement BANK FEES		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:			

Full Name (Last, First, Middle Initial) B. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 50.33	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB116433	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. U.S. POSTAL SVC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015	
Mailing Address 2000 ROYAL OAKS DR.			Amount of Each Disbursement this Period 750.00	
City SACRAMENTO	State CA	Zip Code 95813	Transaction ID : EXPB115672	
Purpose of Disbursement POSTAGE		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:			

SUBTOTAL of Disbursements This Page (optional).....	894.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 15520.31 Transaction ID : EXPB116419
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement MEETING	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. THE MONACO GROUP		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 15425.56 Transaction ID : EXPB115783
City SANTA ANA	State CA	
Zip Code 92705	Purpose of Disbursement MASS MAIL	Category/ Type 003
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 1.75 Transaction ID : EXPB116435
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15520.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 199.25 Transaction ID : EXPB116434
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CALIF. REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 1903 W. MAGNOLIA BLVD.		Amount of Each Disbursement this Period 105.00 Transaction ID : EXPB116420
City Burbank State CA Zip Code 91506	Purpose of Disbursement CONVENTION FEE 001 Category/Type	
Candidate Name CALIF. 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) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 14.25 Transaction ID : EXPB116436
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	318.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITAL DEVELOPMENT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 1127 11TH ST. #310		Amount of Each Disbursement this Period 150.98 Transaction ID : EXPB116047
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 003
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 102.00 Transaction ID : EXPB116437
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 157.50 Transaction ID : EXPB116438
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	410.48
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 124 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 90.68	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB116439	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 8.32	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB116440	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PAYPAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 1.75	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB116441	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	100.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CALIF. STATE DISBURSEMENT UNIT			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address P. O. BOX 989067			Amount of Each Disbursement this Period 1154.37 Transaction ID : EXPB116447
City WEST SACRAMENTO	State CA	Zip Code 95798	
Purpose of Disbursement COURT ORDERED SUPPORT	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. EMPLOYMENT DEVELOPMENT DEPT.			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address P. O. BOX 826276			Amount of Each Disbursement this Period 134.50 Transaction ID : EXPB116448
City SACRAMENTO	State CA	Zip Code 94230	
Purpose of Disbursement TAXES	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. MR. JON HUEY			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO BOX 1198			Amount of Each Disbursement this Period 2420.25 Transaction ID : EXPB116445
City ROCKLIN	State CA	Zip Code 95677	
Purpose of Disbursement PAYROLL	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).....	3709.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 131	
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SVC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address .		Amount of Each Disbursement this Period 2249.00 Transaction ID : EXPB116449
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement TAXES	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. MAILCHIMP.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 512 MEANS ST. #404		Amount of Each Disbursement this Period 200.00 Transaction ID : EXPB116423
City ATLANTA	State GA	
Zip Code 30318	Purpose of Disbursement BROADCAST E-MAIL	Category/ Type 004
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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 43.83 Transaction ID : EXPB116442
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2492.83
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 127 OF 131			
	<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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 5515 PACIFIC ST		Amount of Each Disbursement this Period 147.00 Transaction ID : EXPB116425
City Rocklin	State CA	
Purpose of Disbursement POSTAGE	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. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 5515 PACIFIC ST		Amount of Each Disbursement this Period 147.00 Transaction ID : EXPB116424
City Rocklin	State CA	
Purpose of Disbursement POSTAGE	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. Mr. Joseph Yocca Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 4697 YORKSHIRE WAY		Amount of Each Disbursement this Period 1154.37 Transaction ID : EXPB116446
City GRANITE BAY	State CA	
Purpose of Disbursement PAYROLL	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).....	1448.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 99.80
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB116443
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 51.03
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB116444
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:	Category/Type 001	

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	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	150.83
TOTAL This Period (last page this line number only).....	101849.32

**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 129 OF 131	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 320 First Street, S.E.		Amount of Each Disbursement this Period 11700.00
City Washington State DC Zip Code 20003	Purpose of Disbursement TRANSFER OF UNNEEDED FUNDS Category/Type 008	
Candidate Name National Republican Congressional Committee		Transaction ID : EXPB116048
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11700.00
TOTAL This Period (last page this line number only).....	11700.00

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

NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MR. JON HUEY		Nature of Debt (Purpose): LODGING
Mailing Address PO BOX 1198		
City ROCKLIN	State CA	Zip Code 95677

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD116516	
Amount Incurred This Period <input type="text" value="472.04"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="472.04"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE MONACO GROUP		Nature of Debt (Purpose): MASS MAIL
Mailing Address 1011 S. LINWOOD AVE.		
City SANTA ANA	State CA	Zip Code 92705

Outstanding Balance Beginning This Period <input type="text" value="15229.60"/>	Transaction ID : PAYD114738	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="15229.60"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE MONACO GROUP		Nature of Debt (Purpose): MASS MAIL
Mailing Address 1011 S. LINWOOD AVE.		
City SANTA ANA	State CA	Zip Code 92705

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD116692	
Amount Incurred This Period <input type="text" value="15387.38"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15387.38"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="15859.42"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TIM MACY & ASSOC.

Mailing Address 1831 IRON POINT RD. #120

City State Zip Code
 FOLSOM CA 95630

Nature of Debt (Purpose):
 MASS MAIL

Outstanding Balance Beginning This Period	Transaction ID : PAYD114741	
545.60		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	545.60	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	15859.42
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	15859.42