

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

DOUG LAMALFA COMMITTEE

ADDRESS (number and street) 2150 RIVER PLAZA DR., #150

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509422

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

01

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

Write or Type Committee Name

DOUG LAMALFA COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	49550.00	396166.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	11000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49550.00	385166.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37876.41	241513.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3314.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37876.41	238198.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	168601.20	
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).....	79628.89	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DOUG LAMALFA COMMITTEE

Report Covering the Period: From: / / 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).....	32300.00	161650.00
(ii) Unitemized.....	0.00	17815.00
(iii) TOTAL of contributions from individuals ▶	32300.00	179465.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	17250.00	216701.07
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	49550.00	396166.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	18772.52
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	3314.87
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)..... ▶	49550.00	418253.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37876.41	241513.05
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	25000.00	75000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	25000.00	75000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	11000.00
(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	11000.00
21. OTHER DISBURSEMENTS	24440.00	49940.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	87316.41	377453.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	206367.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49550.00
25. SUBTOTAL (add Line 23 and Line 24).....	255917.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87316.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	168601.20

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

Form/Schedule: F3A
Transaction ID :

Sch. A line 11(a)(i) election redesignation

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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
C. F. Koehnen & Sons Orchards

Mailing Address 3131 Highway 45

City Glenn State CA Zip Code 95943

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

Name of Employer Occupation Partnership

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : INCA2191

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
KALIN KOEHNEN

Mailing Address 3100 HWY 45

City Glenn State CA Zip Code 95943

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

Name of Employer Occupation FARMER

DSL FARM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : IDTA208

Amount of Each Receipt this Period
 850.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Kamron Koehnen

Mailing Address 3131 Hwy 45

City GLENN State CA Zip Code 95943

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

Name of Employer Occupation Farmer

C.F. Koehnen & Sons Orchards

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : IDTA209

Amount of Each Receipt this Period
 825.00

[MEMO ITEM]

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

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

Mailing Address 3131 Hwy 45

City State Zip Code
GLENN CA 95943

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
825.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : IDTA210

Amount of Each Receipt this Period
825.00

[MEMO ITEM]

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

Mailing Address 455 CAPITOL MALL, STE 801

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation
INDIAN TRIBE SOVEREIGN NATION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : INCA2200

Amount of Each Receipt this Period
2500.00

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

Mailing Address 455 CAPITOL MALL, STE 801

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation
INDIAN TRIBE SOVEREIGN NATION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : INCA2201

Amount of Each Receipt this Period
2500.00

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

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

5000.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

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

Mailing Address 16760 WINCHESTER CLUB DR.

City Meadow Vista	State CA	Zip Code 95722
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FEC ID number of contributing federal political committee. **C**

Name of Employer SUBWAY	Occupation FRANCHISE OWNER
----------------------------	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : INCA2209

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARIE J. ALFARO

Mailing Address 1206 35TH AVE.

City San Francisco	State CA	Zip Code 94122
-----------------------	-------------	-------------------

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

Name of Employer SELF - MARIE J. ALFARO	Occupation FARMER
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : INCA2211

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
GEORGANN RUSSELL

Mailing Address 115 PARKSIDE PL.

City Nevada City	State CA	Zip Code 95959
---------------------	-------------	-------------------

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

Name of Employer G. RUSSELL ENTERPRISES LTD	Occupation REAL ESTATE
--	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : INCA2218

Amount of Each Receipt this Period
200.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Terry Leprino		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 2000 Little Raven St., #6A		Transaction ID : INCA2228	
City DENVER	State CO	Zip Code 80202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Leprino Foods	Occupation Director		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) B. Terry Leprino		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 2000 Little Raven St., #6A		Transaction ID : INCA2227	
City DENVER	State CO	Zip Code 80202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Leprino Foods	Occupation Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) C. Julie Minerva		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 915 E St., NW, #1201		Transaction ID : INCA2229	
City WASHINGTON	State DC	Zip Code 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Manatt, Phelps	Occupation Consultant		
Receipt For: 2014 <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).....	3250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Valero PAC

Mailing Address 1215 K Street, 17th Floor

City Sacramento State CA Zip Code 95814

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : INCA2231

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
GEORGANN RUSSELL

Mailing Address 115 PARKSIDE PL.

City Nevada City State CA Zip Code 95959

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

Name of Employer Occupation
 G. RUSSELL ENTERPRISES LTD REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : INCA2260

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
James Errecarte

Mailing Address 43411 Almond Lane

City Davis State CA Zip Code 95616

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

Name of Employer Occupation
 Sunwest Foods Self-Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA2248

Amount of Each Receipt this Period
 2500.00

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dianne Franklin

Mailing Address 11906 Wilson Way

City State Zip Code
Reding CA 96003

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

Name of Employer Occupation
Franklin Logging, Inc. President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : INCA2249

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Julie LaGrande

Mailing Address P.O. Box 1107

City State Zip Code
WILLIAMS CA 95987

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

Name of Employer Occupation
Self Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : INCA2251

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
KEN LAGRANDE

Mailing Address P.O. Box 1107

City State Zip Code
Williams CA 95987

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

Name of Employer Occupation
SELF - KEN LAGRANDE FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : INCA2250

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

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

Mailing Address 12755 GARDEN HIGHWAY

City Yuba City State CA Zip Code 95991

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

Name of Employer MONTNA FARMS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

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

Transaction ID : INCA2351

Amount of Each Receipt this Period
200.00

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

Mailing Address 12755 GARDEN HIGHWAY

City Yuba City State CA Zip Code 95991

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

Name of Employer MONTNA FARMS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

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

Transaction ID : INCA2272

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Pechanga Band of Luiseno Indians

Mailing Address 12705 Pechanga Road

City Temecula State CA Zip Code 92590

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

Name of Employer INDIAN TRIBE Occupation SOVEREIGN NATION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

Transaction ID : INCA2252

Amount of Each Receipt this Period
2600.00

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) . Redding Rancheria		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 2000 Redding Rancheria Road		Transaction ID : INCA2244
City Redding	State CA Zip Code 96001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer INDIAN TRIBE	Occupation SOVEREIGN NATION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	32300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
American Crystal Sugar Company PAC

Mailing Address 101 N. Third St.

City State Zip Code
MOORHEAD MN 56560

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : INCA2206

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
North American Assoc. of Subway Franchisees, Inc. Subs PAC

Mailing Address 16760 Winchester Club Dr.

City State Zip Code
MEADOW VISTA CA 95722

FEC ID number of contributing federal political committee. **C C00492512**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : INCA2210

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THE FREEDOM PROJECT

Mailing Address 320 1ST STREET SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : INCA2225

Amount of Each Receipt this Period
5000.00

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

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

10250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Pistachio PAC

Mailing Address 512 C St. NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00197715**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : INCA2230

Amount of Each Receipt this Period
1000.00

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

Mailing Address 600 THIRTEENTH ST., NW STE. 340

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : INCA2232

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC PAC (KOCHPAC)

Mailing Address 600 14TH STREET, NW, STE. 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : INCA2238

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: (check only one)	PAGE 16 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Alexander & Baldwin, Inc. FEDPAC

Mailing Address P.O. Box 3440

City State Zip Code
HONOLULU HI 96801

FEC ID number of contributing federal political committee. **C C00017681**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : INCA2262

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Minn-Dak Farmers Cooperative Sugar PAC

Mailing Address 7525 Red River Rd.

City State Zip Code
WHPETON ND 58075

FEC ID number of contributing federal political committee. **C C00164939**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : INCA2245

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
nat'l Potato Council PAC (Potato PAC)

Mailing Address 1300 L St., NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00154104**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : INCA2247

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: (check only one)	PAGE 17 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
Southern Minnesota Beet Sugar Cooperative PAC

Mailing Address 83550 County Rd. 21

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : INCA2246

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

17250.00

**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 18 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Public Square Partners			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014	
Mailing Address 1127 11th St., #548			Amount of Each Disbursement this Period 2500.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB2167	
Purpose of Disbursement Fundraising retainer		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Public Square Partners			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014	
Mailing Address 1127 11th St., #548			Amount of Each Disbursement this Period 2856.31	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB2165	
Purpose of Disbursement Printing, postage		Category/ Type 004		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. American Express			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address Box 0001			Amount of Each Disbursement this Period 110.20	
City LOS ANGELES	State CA	Zip Code 90096	Transaction ID : EXPB2182	
Purpose of Disbursement Credit card payment		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	5466.51
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 19 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 2105 Churn Creek Rd.		Amount of Each Disbursement this Period 110.20
City REDDING	State CA	
Zip Code 96002	Purpose of Disbursement Printing	Transaction ID : EDTB55EXPB2182
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 2076.06
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit card payment	Transaction ID : EXPB2175
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Metro PCS		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 167 G St. #101		Amount of Each Disbursement this Period 40.00
City LINCOLN	State CA	
Zip Code 95648	Purpose of Disbursement Phone svc.	Transaction ID : EDTB51EXPB2175
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2076.06
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 20 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. House Gift Shop

Full Name (Last, First, Middle Initial)
Mailing Address House of Representatives

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement Christmas ornaments

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 1702.60

Transaction ID : EDTB52EXPB2175

[MEMO ITEM]

B. Capitol Hill Club

Full Name (Last, First, Middle Initial)
Mailing Address 300 1st St. SE

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 41.48

Transaction ID : EDTB54EXPB2175

[MEMO ITEM]

c. Italian Cottage

Full Name (Last, First, Middle Initial)
Mailing Address 2234 Esplanade

City CHICO State CA Zip Code 95928

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 213.23

Transaction ID : EDTB53EXPB2175

[MEMO ITEM]

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 21 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Sullivan and Assoc., PLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 601 Pennsylvania Ave. NW #900		Amount of Each Disbursement this Period 6120.00 Transaction ID : EXPB2176
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement Legal services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 174.84 Transaction ID : EXPB2183
City Dallas	State TX	
Zip Code 75266	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: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P. O. Box 537104		Amount of Each Disbursement this Period 116.61 Transaction ID : EXPB2190
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: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6411.45
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 22 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. David Bauer		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 405.95 Transaction ID : EXPB2193
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Public Square Partners		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1127 11th St., #548		Amount of Each Disbursement this Period 2500.00 Transaction ID : EXPB2194
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Fundraising advice Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 56.66 Transaction ID : EXPB2195
City Palatine State IL Zip Code 60094	Purpose of Disbursement CREDIT CARD PAYMENT Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2962.61
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 23 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Metro PCS		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 167 G St. #101		Amount of Each Disbursement this Period 40.00
City LINCOLN	State CA	
Zip Code 95648	Purpose of Disbursement Phone svc.	Transaction ID : EDTB56EXPB2195 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. City of Sacramento		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1120 11th St.		Amount of Each Disbursement this Period 9.00
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement Parking	Transaction ID : EDTB57EXPB2195 [MEMO ITEM]
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 300 1st St. SE		Amount of Each Disbursement this Period 7.66
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement Meeting	Transaction ID : EDTB58EXPB2195 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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 24 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 4110.00 Transaction ID : EXPB2197
City Dallas	State TX	
Zip Code 75266	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UPS Store		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 1900 Oro Dam Blvd. E. #12		Amount of Each Disbursement this Period 114.00 Transaction ID : EXPB2202
City OROVILLE	State CA	
Zip Code 95966	Purpose of Disbursement Mail box rental	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address P. O. Box 537104		Amount of Each Disbursement this Period 121.37 Transaction ID : EXPB2214
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	410.38
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 25 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. David Bauer		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 460.00 Transaction ID : EXPB2213
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capital Strategies D.C.		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address P.O. Box 1605		Amount of Each Disbursement this Period 9417.00 Transaction ID : EXPB2215
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement Fundraising commission	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Public Square Partners		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1127 11th St., #548		Amount of Each Disbursement this Period 2500.00 Transaction ID : EXPB2216
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Fundraising retainer	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12377.00
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 26 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 456.49
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit card payment	Transaction ID : EXPB2217
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Metro PCS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 167 G St. #101		Amount of Each Disbursement this Period 40.00
City LINCOLN	State CA	
Zip Code 95648	Purpose of Disbursement Phone svc.	Transaction ID : EDTB59EXPB2217
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 300 1st St. SE		Amount of Each Disbursement this Period 416.49
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement Fundraising event	Transaction ID : EDTB60EXPB2217
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	456.49
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 27 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. EFUNDRAISING CONNECTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 1225 8TH ST. #425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2014

Amount of Each Disbursement this Period: 13.50

Transaction ID : EXPB2219

Category/Type: 001

B. Lassen County Elections

Full Name (Last, First, Middle Initial)
Mailing Address 220 S. Lassen St., #5

City SUSANVILLE State CA Zip Code 96130

Purpose of Disbursement Ballot statement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 05 / 2014

Amount of Each Disbursement this Period: 603.00

Transaction ID : EXPB2220

Category/Type: 004

c. Modoc County Elections

Full Name (Last, First, Middle Initial)
Mailing Address 204 S. Court Street

City ALTURAS State CA Zip Code 96101

Purpose of Disbursement Ballot statement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 05 / 2014

Amount of Each Disbursement this Period: 362.00

Transaction ID : EXPB2221

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional)..... 978.50

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 28 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Placer County Elections

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 5278

City Auburn State CA Zip Code 95604

Purpose of Disbursement
Ballot statement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 05 / 2014

Amount of Each Disbursement this Period
790.00

Transaction ID : EXPB2222

Category/Type: 004

B. PLUMAS COUNTY ELECTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 520 MAIN ST. RM 102

City QUINCY State CA Zip Code 95971

Purpose of Disbursement
Ballot statement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 05 / 2014

Amount of Each Disbursement this Period
300.00

Transaction ID : EXPB2223

Category/Type: 004

c. Public Square Partners

Full Name (Last, First, Middle Initial)
Mailing Address 1127 11th St., #548

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Signs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 05 / 2014

Amount of Each Disbursement this Period
2532.65

Transaction ID : EXPB2271

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional)..... 3622.65

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 174.91 Transaction ID : EXPB2226
City Dallas	State TX	
Zip Code 75266	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: 2014 <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 03 / 24 / 2014
Mailing Address P. O. Box 537104		Amount of Each Disbursement this Period 123.33 Transaction ID : EXPB2241
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1500 11th Street, Room 495		Amount of Each Disbursement this Period 1549.76 Transaction ID : EXPB2269
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Filing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1848.00
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 30 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. David Bauer		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 300.00 Transaction ID : EXPB2243
City Sacramento State CA Zip Code 95833	Purpose of Disbursement Accounting svc. Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	36909.65

**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 31 OF 37	
	<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)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Doug LaMalfa		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 16 LaMalfa Lane		Amount of Each Disbursement this Period 25000.00
City Oroville	State CA Zip Code 95965	
Purpose of Disbursement	Candidate Name	Transaction ID : PAYB2179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	25000.00
TOTAL This Period (last page this line number only).....	25000.00

**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 32 OF 37	
	<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)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Jeff Gorrell for Congress		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 30151 Tomas		Amount of Each Disbursement this Period 2000.00 Transaction ID : EXPB2189
City RANCHO SANTA MARGA	State CA	
Zip Code 92688	Purpose of Disbursement 011 Category/Type	
Candidate Name Jeff Gorrell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 26	

Full Name (Last, First, Middle Initial) B. Friends of David Jolly		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 1158		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB2198
City INDIAN ROCKS BEACH	State FL	
Zip Code 33785	Purpose of Disbursement 011 Category/Type	
Candidate Name David Jolly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 13	

Full Name (Last, First, Middle Initial) C. Friends of Sheriff Ed Bonner		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address P.O. Box 780		Amount of Each Disbursement this Period 160.00 Transaction ID : EXPB2199
City LOOMIS	State CA	
Zip Code 95650	Purpose of Disbursement 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3160.00
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 33 OF 37			
	<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)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Butte County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address P.O. Box 3296		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB2205
City Paradise	State CA	
Purpose of Disbursement	Category/ Type 011	
Candidate Name Butte County Republican Party	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. TEHAMA COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 14342 ST. MARY'S AVE		Amount of Each Disbursement this Period 320.00 Transaction ID : EXPB2233
City Red Bluff	State CA	
Purpose of Disbursement Transfer unneeded funds	Category/ Type 008	
Candidate Name TEHAMA COUNTY REPUBLICAN PARTY	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Glenn County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address P. O. Box 984		Amount of Each Disbursement this Period 360.00 Transaction ID : EXPB2239
City WILLOWS	State CA	
Purpose of Disbursement Transfer unneeded funds	Category/ Type 008	
Candidate Name Glenn County Republican Party	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1180.00
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 34 OF 37	
	<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)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 20000.00 Transaction ID : EXPB2240
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Transfer of unneeded funds <input type="checkbox"/> 008 Category/Type	
Candidate Name National Republican Congressio	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
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	
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).....	20000.00
TOTAL This Period (last page this line number only).....	24340.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC315

DOUG LAMALFA COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Doug LaMalfa

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

16 LaMalfa Lane

City

State

ZIP Code

Oroville

CA

95965

Original Amount of Loan

125000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

03 / 30 / 2012

Date Due

12/31/2012

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

75000.00

TOTALS This Period (last page in this line only)..... ▶

75000.00

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

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

Form/Schedule: SC/10

Transaction ID : PAYC315

Personal funds

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

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

Outstanding Balance Beginning This Period	Transaction ID : PAYD2164	
2856.31		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2856.31	0.00

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

Outstanding Balance Beginning This Period	Transaction ID : PAYD2254	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4628.89	0.00	4628.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sullivan and Assoc., PLC		Nature of Debt (Purpose): Legal services
Mailing Address 601 Pennsylvania Ave. NW #900		
City State	Zip Code	
WASHINGTON DC	20004	

Outstanding Balance Beginning This Period	Transaction ID : PAYD1769	
6120.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	6120.00	0.00

1) SUBTOTALS This Period This Page (optional)	4628.89
2) TOTALS This Period (last page this line number only)	4628.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	75000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	79628.89