

**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)

9458 TREELAKE RD.

Check if different
than previously
reported. (ACC)

GRANITE BAY

CA

95746

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00446815

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

11

D D /

29

Y Y Y Y

2022

through

M M /

12

D D /

31

Y Y Y Y

2022

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 BAUER, DAVID, , ,

Signature of Treasurer

BAUER, DAVID, , ,

Date

M M /

09

D D /

22

Y Y Y Y

2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

MCCLINTOCK FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 29 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022

	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))....	10263.38	12619.38
(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))	10263.38	12619.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58084.84	74748.96
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	58084.84	74748.96
8. Cash on Hand at Close of Reporting Period (from Line 27)	137539.98	
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)	13992.08	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MCCLINTOCK FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 29 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022**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).....

4500.00

5500.00

(ii) Unitemized

2263.38

3619.38

(iii) TOTAL of contributions
from individuals ▶

6763.38

9119.38

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

3500.00

3500.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

10263.38

12619.38

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

17949.00

17949.00

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

0.00

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)..... ▶

28212.38

30568.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58084.84	74748.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	58084.84	74748.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	167412.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28212.38
25. SUBTOTAL (add Line 23 and Line 24).....	195624.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58084.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	137539.98

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: F3A
Transaction ID :

SUMMARY PAGE LINE 6 COL B

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 28

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

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)

ATWOOD, THOMAS, , MR.,

A. Mailing Address PO BOX 890City
KENWOODState
CAZip Code
95452FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
RANCHER

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 06 2022

Transaction ID : IA165992

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HAYES, VIRGINIA, , MRS.,

B. Mailing Address 2225 19TH AVECity
SAN FRANCISCOState
CAZip Code
94116FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2022

Transaction ID : IA166002

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MOHANNA, MOHAMED, , ,

C. Mailing Address 1025 9TH ST STE 205City
SACRAMENTOState
CAZip Code
95814FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF - M.H. MOHANNAOccupation
REAL ESTATE INVESTOR

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 20 2022

Transaction ID : IA166029

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3500.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBINSON, LEONARD, , MR.,

A.

Mailing Address 3775 N FREEWAY BLVD STE 101

City

SACRAMENTO

State

CA

Zip Code

95834

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVER CITY PETROLEUM

Occupation

CORPORATE EXECUTIVE

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 20 2022

Transaction ID : IA166025

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

☐ Memo Item

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

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

1000.00

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A T & T INC., FEDERAL PAC

A. Mailing Address 208 S AKARD ST STE 1812City
DALLASState
TXZip Code
75202FEC ID number of contributing
federal political committee.**C** C00109017

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 20 2022

Transaction ID : IA166030

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3500.00

3500.00

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCCLINTOCK JFC

A.

Mailing Address 9458 TREELAKE RD.

City

GRANITE BAY

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C C00817098

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17949.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 02 2022

Transaction ID : IA165960

Amount of Each Receipt this Period

12349.00

☐ Memo Item

Some sources previously reported

Full Name (Last, First, Middle Initial)

ROBERTS, KELLY, , MRS.,

B.

Mailing Address 4100 NEWPORT PLACE DR STE 400

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ENTREPRENEURIAL CORPORATE GROUP

OWNER/COO

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 07 2022

Transaction ID : DA1841

Amount of Each Receipt this Period

2900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

MCCLINTOCK JFC

C.

Mailing Address 9458 TREELAKE RD.

City

GRANITE BAY

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C C00817098

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17949.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2022

Transaction ID : IA166049

Amount of Each Receipt this Period

5600.00

☐ Memo Item

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

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

17949.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA12

Transaction ID : IA165960

Transfer from JFC agent

Form/Schedule: SA12

Transaction ID: IA166049

TRANSFER FROM JFC AGENT

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

FISHER, KENNETH, , MR.,

A.

Mailing Address 1900 PRESTON RD #267-167

City
PLANO

State
TX

Zip Code
75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
FISHER INVESTMENTS

Occupation
FOUNDER/CHAIRMAN

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2022

Transaction ID : DA1877

Amount of Each Receipt this Period

2900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

FISHER, KENNETH, , MR.,

B.

Mailing Address 1900 PRESTON RD #267-167

City
PLANO

State
TX

Zip Code
75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
FISHER INVESTMENTS

Occupation
FOUNDER/CHAIRMAN

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2022

Transaction ID : DA1878

Amount of Each Receipt this Period

2900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

17949.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address P.O. BOX 5014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	2

City
CAROL STREAMState
ILZip Code
60197

FEC Identification Number

CPurpose of Disbursement
PHONE SVC.

001

Amount of Each Disbursement this Period

227.40

Transaction ID : EB165951

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<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

Mailing Address P. O. BOX 66523

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	2

City
ST. LOUISState
MOZip Code
63166

FEC Identification Number

CPurpose of Disbursement
PHONE SVC.

001

Amount of Each Disbursement this Period

444.66

Transaction ID : EB165952

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 1600 NEWLANDS DR. E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	2

City
FernleyState
NVZip Code
89408

FEC Identification Number

CPurpose of Disbursement
OFFICE EQUIPMENT

001

Amount of Each Disbursement this Period

1175.43

Transaction ID : EB165977

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1847.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EMPLOYMENT DEVELOPMENT DEPT.

Mailing Address P. O. BOX 826276

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2022

City
SACRAMENTOState
CAZip Code
94230

FEC Identification Number

C

Purpose of Disbursement
TAXES

001

Amount of Each Disbursement this Period

194.11

Transaction ID : EB165985

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. GEORGE, CHARLA, , ,

Mailing Address 4520 SHARI WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2022

City
GRANITE BAYState
CAZip Code
95746

FEC Identification Number

C

Purpose of Disbursement
PAYROLL

001

Amount of Each Disbursement this Period

1618.04

Transaction ID : EB165983

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. HUEY, JON, , MR.,

Mailing Address PO BOX 1198

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2022

City
ROCKLINState
CAZip Code
95677

FEC Identification Number

C

Purpose of Disbursement
PAYROLL

001

Amount of Each Disbursement this Period

3207.28

Transaction ID : EB165982

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

5019.43

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SVC.

Mailing Address .

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	2

City
OGDENState
UTZip Code
84201

FEC Identification Number

C

Purpose of Disbursement
TAXES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1439.57

Transaction ID : EB165984

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 50 IRON POINT CIR. #200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	2

City
FOLSOMState
CAZip Code
95630

FEC Identification Number

C

Purpose of Disbursement
PAYROLL SVC.

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

72.92

Transaction ID : EB165986

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. VOTE RITE SYSTEMS, INC.

Mailing Address 2934 GOLD PAN CT.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	2	2

City
GOLD RIVERState
CAZip Code
95670

FEC Identification Number

C

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

664.00

Transaction ID : EB165961

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2176.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARVEL AUDIO

Mailing Address 2795 E. BIDWELL #100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2022

City
FOLSOMState
CAZip Code
95630

FEC Identification Number

C

Purpose of Disbursement
OFFICE WIRING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1500.00

Transaction ID : EB166065

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<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

Mailing Address 512 MEANS ST. #404

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2022

City
ATLANTAState
GAZip Code
30318

FEC Identification Number

C

Purpose of Disbursement
BROADCAST E-MAIL

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

225.00

Transaction ID : EB166068

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. HOBBY LOBBY

Mailing Address 1815 DOUGLAS BLVD.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2022

City
ROSEVILLEState
CAZip Code
95661

FEC Identification Number

C

Purpose of Disbursement
SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

208.80

Transaction ID : EB166069

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1933.80

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 PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING.COM

Mailing Address 2831 G ST. #120

City
SACRAMENTOState
CAZip Code
95816Purpose of Disbursement
MERCHANT FEE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : EB165999

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PUBLIC STORAGE

Mailing Address 715 CIRBY WAY

City
RosevilleState
CAZip Code
95678Purpose of Disbursement
STORAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

120.00

Transaction ID : EB166071

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EMPLOYMENT DEVELOPMENT DEPT.

Mailing Address P. O. BOX 826276

City
SACRAMENTOState
CAZip Code
94230Purpose of Disbursement
TAXES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

334.38

Transaction ID : EB166023

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

457.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GEORGE, CHARLA, , ,

Mailing Address 4520 SHARI WAY

City
GRANITE BAYState
CAZip Code
95746Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1618.04

Transaction ID : EB166020

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HUEY, JON, , MR.,

Mailing Address PO BOX 1198

City
ROCKLINState
CAZip Code
95677Purpose of Disbursement
PAYROLLCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

3558.36

Transaction ID : EB166021

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SVC.

Mailing Address .

City
OGDENState
UTZip Code
84201Purpose of Disbursement
TAXES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

2219.11

Transaction ID : EB166022

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7395.51

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. METRO PCS

Mailing Address 1420 E. ROSEVILLE PKWY

City
ROSEVILLEState
CAZip Code
95661Purpose of Disbursement
PHONE SVC.

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

147.00

Transaction ID : EB166072

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 50 IRON POINT CIR. #200

City
FOLSOMState
CAZip Code
95630Purpose of Disbursement
PAYROLL SVC.

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

76.12

Transaction ID : EB166024

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PHELAN, ROBERT, , ,

Mailing Address 1820 SYLVAN AVE.

City
MODESTOState
CAZip Code
95355Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1958.61

Transaction ID : EB166076

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2181.73

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PHELAN, ROBERT, , ,

Mailing Address 1820 SYLVAN AVE.

City
MODESTOState
CAZip Code
95355Purpose of Disbursement
MILEAGE, CHARITY DONATION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

570.50

Transaction ID : EB166001

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN VETERANS FIRST

Mailing Address 6436 OAKDALE RD.

City
RIVERBANKState
CAZip Code
95367Purpose of Disbursement
CHARITABLE DONATION

012

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : XB498EB166001

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address P. O. BOX 6294

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
CREDIT CARD PAYMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

103.94

Transaction ID : EB166005

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

674.44

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 PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST. SE

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
MEETING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : XB499EB166005

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ZINFANDEL CENTER

Mailing Address 2240 DOUGLAS BLVD. #260

City
ROSEVILLEState
CAZip Code
95661Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

2678.00

Transaction ID : EB166006

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST. SE

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
STAFF GATHERING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

650.00

Transaction ID : EB166074

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3328.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 28

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. U.S. POSTAL SVC.

Mailing Address 2000 ROYAL OAKS DR.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2022

City
SACRAMENTOState
CAZip Code
95813

FEC Identification Number

C

Purpose of Disbursement
BOX RENTAL

001

Amount of Each Disbursement this Period

105.00

Transaction ID : EB166073

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<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

Mailing Address P. O. BOX 6416

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2022

City
CAROL STREAMState
ILZip Code
60197

FEC Identification Number

C

Purpose of Disbursement
PHONE SVC.

001

Amount of Each Disbursement this Period

133.84

Transaction ID : EB166033

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. EDH WATERFRONT LLC

Mailing Address 4364 TOWN CENTER BLVD. #310

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2022

City
EL DORADO HILLSState
CAZip Code
95762

FEC Identification Number

C

Purpose of Disbursement
RENT

001

Amount of Each Disbursement this Period

2068.10

Transaction ID : EB166032

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2306.94

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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. #226

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2022

City
SACRAMENTOState
CAZip Code
95814

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

150.00

Transaction ID : EB166034

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<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

Mailing Address P. O. BOX 66523

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2022

City
ST. LOUISState
MOZip Code
63166

FEC Identification Number

C

Purpose of Disbursement
PHONE SVC.

001

Amount of Each Disbursement this Period

232.69

Transaction ID : EB166039

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<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.

Mailing Address P. O. BOX 826276

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2022

City
SACRAMENTOState
CAZip Code
94230

FEC Identification Number

C

Purpose of Disbursement
TAXES

001

Amount of Each Disbursement this Period

2289.11

Transaction ID : EB166061

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2671.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GEORGE, CHARLA, , ,

Mailing Address 4520 SHARI WAY

City
GRANITE BAYState
CAZip Code
95746Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1618.04

Transaction ID : EB166058

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HUEY, JON, , MR.,

Mailing Address PO BOX 1198

City
ROCKLINState
CAZip Code
95677Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

14347.82

Transaction ID : EB166057

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SVC.

Mailing Address .

City
OGDENState
UTZip Code
84201Purpose of Disbursement
TAXES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

10561.88

Transaction ID : EB166060

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

26527.74

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 50 IRON POINT CIR. #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2022

City
FOLSOMState
CAZip Code
95630

FEC Identification Number

C

Purpose of Disbursement
PAYROLL SVC.

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

76.12

Transaction ID : EB166062

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. PHELAN, ROBERT, , ,

Mailing Address 1820 SYLVAN AVE.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2022

City
MODESTOState
CAZip Code
95355

FEC Identification Number

C

Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1056.03

Transaction ID : EB166059

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BLVD. #530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2022

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

C

Purpose of Disbursement
MERCHANT FEE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.94

Transaction ID : EB166063

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1150.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHASE CARD SERVICES

Mailing Address P. O. BOX 6294

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
CREDIT CARD PAYMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

174.01

Transaction ID : EB166040

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address P.O. BOX 5014

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
PHONE SVC.

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

93.00

Transaction ID : XB502EB166040

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 1600 NEWLANDS DR. E

City
FernleyState
NVZip Code
89408Purpose of Disbursement
SUPPLIES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

15.51

Transaction ID : XB500EB166040

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

174.01

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 1600 NEWLANDS DR. E

City
FernleyState
NVZip Code
89408Purpose of Disbursement
SUPPLIES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

17.22

Transaction ID : XB501EB166040

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

57844.85

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 28

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PHELAN, ROBERT, , ,

Nature of Debt (Purpose):

MILEAGE

Mailing Address 1820 SYLVAN AVE.

City

MODESTO

State

CA

Zip Code

95355

Outstanding Balance Beginning This Period

0.00Transaction ID : **PD166079**

Amount Incurred This Period

162.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

162.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE TOWNSEND GROUP

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 2308 MT. VERNON AVE. #707

City

ALEXANDRIA

State

VA

Zip Code

22301

Outstanding Balance Beginning This Period

0.00Transaction ID : **PD166045**

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE TOWNSEND GROUP

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 2308 MT. VERNON AVE. #707

City

ALEXANDRIA

State

VA

Zip Code

22301

Outstanding Balance Beginning This Period

0.00Transaction ID : **PD166082**

Amount Incurred This Period

2019.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

2019.801) **SUBTOTALS** This Period This Page (optional)**4182.32**2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 28

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TKK CONSULTING LLC

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 4100 S. PINELAKE WAY #182

City

CHANDLER

State

AZ

Zip Code

85249

Outstanding Balance Beginning This Period

0.00

Transaction ID : **PD166042**

Amount Incurred This Period

4755.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4755.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VOTERLINK

Nature of Debt (Purpose):

MASS MAIL

Mailing Address 13348 ALPINE COVE DR.

City

ALPINE

State

UT

Zip Code

84004

Outstanding Balance Beginning This Period

1777.90

Transaction ID : **PD166050**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1777.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VOTERLINK

Nature of Debt (Purpose):

MASS MAIL

Mailing Address 13348 ALPINE COVE DR.

City

ALPINE

State

UT

Zip Code

84004

Outstanding Balance Beginning This Period

3276.86

Transaction ID : **PD166052**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3276.86

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

9809.76

2) **TOTALS** This Period (last page this line number only) ▶

13992.08

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) ▶

13992.08