

# 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

Mike Thompson For Congress

ADDRESS (number and street) 5429 Madison Avenue

Check if different than previously reported. (ACC)

Sacramento

CA

95841

2. **FEC IDENTIFICATION NUMBER** ▼

C C00326363

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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 06 / 03 / 2014 in the State of CA

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 2014

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 Rita Copeland

Signature of Treasurer Rita Copeland

[Electronically Filed]

Date

05 / 22 / 2014

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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Mike Thompson For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 14 / 2014

	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))....	81095.15	1163855.03
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1610.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	81095.15	1162245.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47627.69	804428.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	1317.24	7027.31
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	46310.45	797400.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1571732.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	14752.50	

**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

**Mike Thompson For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26675.15	312575.62
(ii) Unitemized.....	4710.00	84622.80
(iii) TOTAL of contributions from individuals ▶	31385.15	397198.42
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	49710.00	766656.61
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	81095.15	1163855.03
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1317.24	7027.31
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	711.82	14070.60
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	83124.21	1184952.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47627.69	804428.20
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	1510.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1610.00
21. OTHER DISBURSEMENTS .....	11260.00	188746.70
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	58887.69	994784.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1547496.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	83124.21
25. SUBTOTAL (add Line 23 and Line 24).....	1630620.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58887.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1571732.60

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

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

FOR LINE NUMBER: PAGE 5 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles H Anderson**

Mailing Address 2579 Vallejo Street

City Santa Rosa State CA Zip Code 95405

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52857**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 780.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph P. Anderson**

Mailing Address Post Office Box 32677

City Phoenix State AZ Zip Code 85064

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

Name of Employer Benovia Winery Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : INCA52809**

Amount of Each Receipt this Period  
 2600.00

Amount of Each Receipt this Period  
 4800.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph P. Anderson**

Mailing Address Post Office Box 32677

City Phoenix State AZ Zip Code 85064

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

Name of Employer Benovia Winery Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : INCA52816**

Amount of Each Receipt this Period  
 2200.00

Amount of Each Receipt this Period  
 4800.00

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

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

5050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roland W. Anderson**

Mailing Address 2375 Range Avenue, Apt. 193

City Santa Rosa State CA Zip Code 95403

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : INCA52768**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Arrowood**

Mailing Address Post Office Box 1987

City Glen Ellen State CA Zip Code 95442

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

Name of Employer Arrowood Vineyard & Winery Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2360.00**

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

**Transaction ID : INCA52869**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carlos C. Ayala**

Mailing Address 1801 East Cotati Avenue

City Penngrove State CA Zip Code 94951

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

Name of Employer Sonoma State University Occupation Dean

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

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

**Transaction ID : INCA52846**

Amount of Each Receipt this Period  
**90.00**

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

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

**1190.00**

**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 78
	<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)  
**Mike Thompson For Congress**

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

Mailing Address 5700 Occidental Rd.

City Santa Rosa State CA Zip Code 95401

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

Name of Employer Balletto Vineyards Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : INCA52782**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1050.00

**B.** Full Name (Last, First, Middle Initial)  
**Henry Belmonte**

Mailing Address 60 Shaw Avenue

City Kenwood State CA Zip Code 95452

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

Name of Employer VJB Cellars Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : INCA52744**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dante B. Benedetti**

Mailing Address 151 Shelina Vista

City Petaluma State CA Zip Code 94952

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

Name of Employer Clover Stonetta Farms Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : INCA52772**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 750.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 78	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Belia-Eugenia R. Bennett**

Mailing Address 10 Marsala Place

City State Zip Code  
American Canyon CA 94503

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

Name of Employer Occupation  
Belia-Eugenia R. Bennett Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**245.00**

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

**Transaction ID : INCA52850**

Amount of Each Receipt this Period  
**45.00**

**B.** Full Name (Last, First, Middle Initial)  
**Frank Briceno**

Mailing Address 1120 College Avenue

City State Zip Code  
Santa Rosa CA 95402

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

Name of Employer Occupation  
Frank S. Briceno Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : INCA52745**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen E. Carroll**

Mailing Address 7235 Fairfield Dr.

City State Zip Code  
Santa Rosa CA 95409

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : INCA52918**

Amount of Each Receipt this Period  
**150.00**

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

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

**345.00**



**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 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amelia Ceja**

Mailing Address Post Office Box 5957

City Napa State CA Zip Code 94581

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

Name of Employer Ceja Vineyards Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **630.00**

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

**Transaction ID : INCA52864**

Amount of Each Receipt this Period  
**90.00**

**B.** Full Name (Last, First, Middle Initial)  
**James S. Clegg**

Mailing Address 211 Condor Court  
Post Office Box 626

City Bodega Bay State CA Zip Code 94923

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

Name of Employer UC Davis Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : INCA52705**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Guy Conner**

Mailing Address 315 Carrillo St.

City Santa Rosa State CA Zip Code 95401

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

Name of Employer Univ. of Phoenix Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : INCA52778**

Amount of Each Receipt this Period  
**250.00**

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

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

**490.00**

**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 10 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Cuneo**

Mailing Address 389 4th Street, East

City Sonoma State CA Zip Code 95476

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

Name of Employer Sebastiani Winery Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : INCA52773**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Dileo**

Mailing Address 142 Parkwood Road

City West Islip State NY Zip Code 11795

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

Name of Employer Mare Island Drydock, LLC Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : INCA52736**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Dowd**

Mailing Address 3776 Cross Creek Circle

City Santa Rosa State CA Zip Code 95403

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

Name of Employer Pinnalla Homes Occupation Home Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : INCA52852**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 78
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>Carroll L. Estes</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1427 Leslie Road		<b>Transaction ID : INCA52742</b>
City Healdsburg	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer n/a	Occupation Retired	Election Cycle-to-Date 350.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Timothy Farley</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 40 Escobar Street		<b>Transaction ID : INCA52704</b>
City Martinez	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Farley Dental Care	Occupation Dentist	Election Cycle-to-Date 280.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>William R. Fishman</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address Post Office Box 134		<b>Transaction ID : INCA52763</b>
City Penngrove	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer William R. Fishman	Occupation Attorney	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary P. Franasiak**

Mailing Address 873 Coachway

City State Zip Code  
Annapolis MD 21401

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : INCA52652**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary P. Franasiak**

Mailing Address 873 Coachway

City State Zip Code  
Annapolis MD 21401

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : INCA52653**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Frey**

Mailing Address 830 Quietwater

City State Zip Code  
Santa Rosa CA 95404

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

Name of Employer Occupation  
Sonoma County Winegrape Commission Commission Staff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : INCA52743**

Amount of Each Receipt this Period  
150.00

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

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

5150.00

**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 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara B. Grasseschi**

Mailing Address 1083 Vine Street #249

City Healdsburg State CA Zip Code 95448

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

Name of Employer Puma Springs Vineyards Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : INCA52700**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**E. Patricia Herron**

Mailing Address 684 Benicia Drive, #46

City Santa Rosa State CA Zip Code 95409

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : INCA52777**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 504 Donald Street

City Sonoma State CA Zip Code 95476

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : INCA52770**

Amount of Each Receipt this Period  
100.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Agustin Huneeus**

Mailing Address 1010 Lombard Street

City San Francisco State CA Zip Code 94109

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

Name of Employer Huneeus Winery Occupation Vintner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : INCA52765**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jim Hyatt**

Mailing Address 3062 Middle Two Rock Road

City Petaluma State CA Zip Code 94952

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

Name of Employer Jim Hyatt Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : INCA52776**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Diane E. Keegan**

Mailing Address 4748 Carissa Avenue

City Santa Rosa State CA Zip Code 95405

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

Name of Employer Lincoln Street, LLC Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **330.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : INCA52807**

Amount of Each Receipt this Period  
**100.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Kelly**

Mailing Address 1511M Sycamore Street, #188

City Hercules	State CA	Zip Code 94547
------------------	-------------	-------------------

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

Name of Employer Law Office of William Kelly	Occupation Attorney
-------------------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : INCA52714**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ian Kennedy**

Mailing Address 2045 Aberdeen Avenue

City Santa Rosa	State CA	Zip Code 95404
--------------------	-------------	-------------------

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

Name of Employer McClure Electric	Occupation Electrician
--------------------------------------	---------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
580.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA52878**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Marguerite Aimee Longtin**

Mailing Address 7463 Foothill Ranch Road

City Santa Rosa	State CA	Zip Code 95404
--------------------	-------------	-------------------

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

Name of Employer Lief, Cabraser, Heimann & Bernstei	Occupation Legal Assistant
--------------------------------------------------------	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : INCA52853**

Amount of Each Receipt this Period  
1000.00

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

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

1400.00

**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 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ernie Loveless**

Mailing Address P.O. Box 606

City Vineburg State CA Zip Code 95487

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : INCA52771**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**S. Jeffery McBride**

Mailing Address 1353 Ferguson Rd.

City Sebastopol State CA Zip Code 95472

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

Name of Employer Ste Michelle Wine Estates Occupation VP Special Project

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

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

**Transaction ID : INCA52837**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Celia S. McCoy**

Mailing Address 125 Worthing Avenue

City Hercules State CA Zip Code 94547

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

Name of Employer Dianova Inc. Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **580.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 27 / 2014**

**Transaction ID : INCA52812**

Amount of Each Receipt this Period  
**40.00**

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

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

**440.00**



**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 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lannie Medina**

Mailing Address 353 Windflower Ct.

City Windsor State CA Zip Code 95492

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

Name of Employer MSMC Global Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

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

**Transaction ID : INCA52867**

Amount of Each Receipt this Period  
**90.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mitchel Mulas**

Mailing Address 2034 Fremont Drive

City Sonoma State CA Zip Code 95476

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

Name of Employer Mulas Dairy Co. Occupation Dairy Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **609.36**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : INCA52921**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Page**

Mailing Address 1219 Apple Tree Court

City Sonoma State CA Zip Code 95476

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

Name of Employer Infineon Raceway Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : INCA52801**

Amount of Each Receipt this Period  
**500.00**

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

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

**840.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 18 OF 78

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Paige**

Mailing Address 10598 Barnett Valley Road

City State Zip Code  
 Sebastopol CA 95472

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

Name of Employer Occupation  
 Community Housing Development Corp. Non-Profit Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : INCA52774**

Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
**Crag Parker**

Mailing Address 730 Crestview Dr.

City State Zip Code  
 Pinole CA 94564

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

Name of Employer Occupation  
 Crag Parker Maintenance Plus Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 460.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 27 / 2014

**Transaction ID : INCA52799**

Amount of Each Receipt this Period  
 40.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey B. Parr**

Mailing Address 1177 Levine Drive

City State Zip Code  
 Santa Rosa CA 95401

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

Name of Employer Occupation  
 US Post Office Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : INCA52919**

Amount of Each Receipt this Period  
 150.00

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

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

340.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alfredo Pedroza**

Mailing Address 2433 Flagstone Dr.

City Napa State CA Zip Code 94558

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

Name of Employer Mechanics Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

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

**Transaction ID : INCA52861**

Amount of Each Receipt this Period  
**90.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sara L. Peterson**

Mailing Address 19329 Admiral Cooke Ln.

City Sonoma State CA Zip Code 95476

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

Name of Employer Bechtel Corporation Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : INCA52879**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph F. Posedel**

Mailing Address 3380 Shale Peak Lane

City Vacaville State CA Zip Code 95688

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : INCA52657**

Amount of Each Receipt this Period  
**100.00**

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

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

**340.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martin J. Rapozo**

Mailing Address 17244 High Road

City State Zip Code  
Sonoma CA 95476

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

Name of Employer Occupation  
Abide International Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : INCA52870**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Michael G. Rea**

Mailing Address 16810 Calle De La Luna

City State Zip Code  
Sonoma CA 95476

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

Name of Employer Occupation  
West County Transportation Agency Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : INCA52855**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**J. Pat Reeves**

Mailing Address 24 Cardinal Way

City State Zip Code  
Santa Rosa CA 95409

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

Name of Employer Occupation  
Reeves Research & Development Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**320.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : INCA52769**

Amount of Each Receipt this Period  
**30.00**

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

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

**680.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary-Louise Reinking**

Mailing Address 1714 E. Foothill Drive

City Santa Rosa	State CA	Zip Code 95404
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FEC ID number of contributing federal political committee. **C**

Name of Employer Exchange Bank	Occupation Banker
-----------------------------------	----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : INCA52775**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jean Schulz**

Mailing Address 2375 Hardies Lane

City Santa Rosa	State CA	Zip Code 95403
--------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Community Volunteer
-------------------------	-----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52858**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Grant W. Showley**

Mailing Address 1552 Adams Street

City Saint Helena	State CA	Zip Code 94574
----------------------	-------------	-------------------

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

Name of Employer Kindred Spirits, Inc.	Occupation Executive
-------------------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : INCA52917**

Amount of Each Receipt this Period  
500.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jed Tecumseh Steele**

Mailing Address 4350 Thomas Drive

City State Zip Code  
Kelseyville CA 95451

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

Name of Employer Occupation  
Steele Wines Winemaker/Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1326.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : NONA52784**

Amount of Each Receipt this Period  
**125.15**  
 In-Kind-Wine

**B.** Full Name (Last, First, Middle Initial)  
**Loraine Stuart**

Mailing Address 22 Crane Avenue

City State Zip Code  
St Helena CA 94574

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

Name of Employer Occupation  
St Helena Unified School District Board Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**285.00**

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

**Transaction ID : INCA52849**

Amount of Each Receipt this Period  
**135.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ira Tager**

Mailing Address 17325 Gehricke Rd

City State Zip Code  
Sonoma CA 95476

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : INCA52871**

Amount of Each Receipt this Period  
**150.00**

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

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

**410.15**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia M. Thomas**

Mailing Address 4949 Happy Valley Road

City Lafayette State CA Zip Code 94549

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : INCA52920**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lynn Weitzenberg**

Mailing Address 1563 Manzanita Avenue

City Santa Rosa State CA Zip Code 95404

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

Name of Employer Lynn A. Weitzenberg Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : INCA52806**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Windrem**

Mailing Address 7460 Kelsey Creek Drive

City Kelseyville State CA Zip Code 95451

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

Name of Employer Kathleen L. Windrem Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : INCA52717**

Amount of Each Receipt this Period  
 100.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Warren Winiarski**

Mailing Address Post Office Box 3327

City State Zip Code  
Yountville CA 94599

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

Name of Employer Occupation  
n/a Retired

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  
04 / 22 / 2014

**Transaction ID : INCA52764**

Amount of Each Receipt this Period  
500.00

**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).....

500.00

26675.15



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACSPA - Surgeons PAC**

Mailing Address 1640 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : INCA52881**

Amount of Each Receipt this Period  
3500.00

**B.** Full Name (Last, First, Middle Initial)  
**ACSPA - Surgeons PAC**

Mailing Address 1640 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : INCA52880**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 101 North Third Street

City Moorhead State MN Zip Code 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  
 05 / 02 / 2014

**Transaction ID : INCA52819**

Amount of Each Receipt this Period  
5000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 78
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. ASCPAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 1012 Cameron Street		<b>Transaction ID : INCA52892</b>	
City Alexandria	State VA	Zip Code 22314	
FEC ID number of contributing federal political committee. C C00424788		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 5000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Bill Dodd for Assembly 2014</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2014	
Mailing Address 5429 Madison Avenue		<b>Transaction ID : INCA52944</b>	
City Sacramento	State CA	Zip Code 95841	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00	
Name of Employer Occupation		Election Cycle-to-Date 240.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 240.00	

Full Name (Last, First, Middle Initial) <b>C. Biomarin Pharmaceutical, Inc. PAC (Biomarin PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 2350 Kerner Blvd., Ste. 250		<b>Transaction ID : INCA52820</b>	
City San Rafael	State CA	Zip Code 94901	
FEC ID number of contributing federal political committee. C C00543371		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation		Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3590.00
<b>TOTAL</b> This Period (last page this line number only).....	3590.00

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

Form/Schedule: SA11C

Transaction ID : INCA52944

Federally Permissible Funds

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 28 OF 78
	<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)  
**Mike Thompson For Congress**

**A. Boeing Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Wilson Blvd.  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C** C00142711  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014  
**Transaction ID : INCA52817**  
 Amount of Each Receipt this Period  
 2000.00

**B. Brooke Holdings Inc. & Jackson National Life**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Corporate Way  
 City Lansing State MI Zip Code 48951  
 FEC ID number of contributing federal political committee. **C** C00254953  
 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 Y Y  
 05 / 02 / 2014  
**Transaction ID : INCA52823**  
 Amount of Each Receipt this Period  
 1000.00

**C. CULAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue, NW, South  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00007880  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : INCA52826**  
 Amount of Each Receipt this Period  
 1500.00

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC**

Mailing Address 601 Pennsylvania Avenue, NW, South

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : INCA52827**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**DRIVE Committee**

Mailing Address 25 Louisiana Avenue, N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00032979**

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  
**05 / 09 / 2014**

**Transaction ID : INCA52877**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**ESOP PAC**

Mailing Address 1726 M Street, N.W., Suite 501

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00196089**

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  
**05 / 02 / 2014**

**Transaction ID : INCA52824**

Amount of Each Receipt this Period  
**500.00**

**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)	PAGE 30 OF 78
	<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)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Federal Glover for Supervisor**

Mailing Address Post Office Box 8845

City State Zip Code  
Pittsburg CA 94565

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : INCA52715**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Congressman George Miller**

Mailing Address 20 Park Road, Ste. E

City State Zip Code  
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00026757

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : INCA52804**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
**Google Inc. NetPAC**

Mailing Address 1101 New York Ave., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00428623

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52829**

Amount of Each Receipt this Period  
2000.00

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

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

2120.00

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

Form/Schedule: SA11C

Transaction ID : INCA52715

Federally Permissible Funds

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 32 OF 78
	<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)  
**Mike Thompson For Congress**

**A. Grant Thornton PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 W. Jackson Blvd., Ste. 2000

City Chicago	State IL	Zip Code 60604
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00408260

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52822**

Amount of Each Receipt this Period  
2000.00

**B. Hearpac of Hearing Industries Association**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1444 I Street, NW Ste 700

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00437798

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA52885**

Amount of Each Receipt this Period  
1000.00

**C. Hearpac of Hearing Industries Association**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1444 I Street, NW Ste 700

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00437798

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA52884**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 78
	<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)  
**Mike Thompson For Congress**

**A. Investment Company Institute PAC - ICI PAC**

Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC - ICI PAC

Mailing Address 1401 H Street, NW #1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52821**

Amount of Each Receipt this Period  
1000.00

**B. Lockheed Martin Employees PAC**

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

Mailing Address 1550 Crystal Dr,

City Arlington State VA Zip Code 22202

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

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  
 04 / 14 / 2014

**Transaction ID : INCA52702**

Amount of Each Receipt this Period  
1000.00

**C. Minn-Dak Farmers Cooperative PAC (MDFPAC)**

Full Name (Last, First, Middle Initial)  
Minn-Dak Farmers Cooperative PAC (MDFPAC)

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA52882**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Molina Healthcare Inc. PAC**

Mailing Address 200 Oceangate, Ste. 100

City State Zip Code  
Long Beach CA 90802

FEC ID number of contributing federal political committee. **C C00430256**

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  
 05 / 09 / 2014

**Transaction ID : INCA52883**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Convenience Stores**

Mailing Address 1600 Duke Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00126763**

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  
 05 / 08 / 2014

**Transaction ID : INCA52836**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Health Underwriter's PAC (NAHU)**

Mailing Address 1212 New York Avenue, N.W., Suite 1

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52825**

Amount of Each Receipt this Period  
2000.00

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

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 78
	<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)  
**Mike Thompson For Congress**

**A. National Association of Insurance & Financial Advisors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

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  
 05 / 09 / 2014

**Transaction ID : INCA52886**

Amount of Each Receipt this Period  
2000.00

**B. Nat'l Organization of Social Security Claimants' Representatives PAC Inc. ( NOSSCR PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 560 Sylvan Avenue

City Englewood Cliffs State NJ Zip Code 07632

FEC ID number of contributing federal political committee. **C** C00521039

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  
 05 / 02 / 2014

**Transaction ID : INCA52830**

Amount of Each Receipt this Period  
2000.00

**C. Raytheon PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Wilson Blvd., Ste. 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : INCA52818**

Amount of Each Receipt this Period  
2000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 78
	<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)  
**Mike Thompson For Congress**

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

Mailing Address 83550 County Road 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : INCA52923**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

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 Y Y  
 05 / 02 / 2014

**Transaction ID : INCA52828**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

49710.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lake County Fairgrounds**

Mailing Address Post Office Box 70

City State Zip Code  
Lakeport CA 95453

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2014**

**Transaction ID : INCA52662**

Amount of Each Receipt this Period  
**425.00**

Refund

**B.** Full Name (Last, First, Middle Initial)  
**North State Payment Technologies, Inc.**

Mailing Address 1348 Market Street, Suite 210

City State Zip Code  
Redding CA 96001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**298.44**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : INCA52873**

Amount of Each Receipt this Period  
**298.44**

Duplicate Bank Fees

**C.** Full Name (Last, First, Middle Initial)  
**Pinole Senior Center**

Mailing Address 2500 Charles Avenue

City State Zip Code  
Pinole CA 94564

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2014**

**Transaction ID : INCA52915**

Amount of Each Receipt this Period  
**500.00**

Refund

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

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

**1223.44**

**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 38 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**State Compensation Insurance Fund**

Mailing Address Post Office Box 9102

City Pleasanton State CA Zip Code 94566

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **574.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : INCA52802**

Amount of Each Receipt this Period  
**93.80**

Refund

**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).....

**93.80**

**1317.24**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Thompson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Community 1st Bank**

Mailing Address 649 Lincoln Way

City Auburn State CA Zip Code 95603

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
12739.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : INCA52843**

Amount of Each Receipt this Period  
48.27

Interest Earned

**B.** Full Name (Last, First, Middle Initial)  
**Community 1st Bank**

Mailing Address 649 Lincoln Way

City Auburn State CA Zip Code 95603

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
12739.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : INCA52844**

Amount of Each Receipt this Period  
655.60

Interest Earned

**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).....

703.87

703.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 546.00 <b>Transaction ID : EXPB52563</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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>B. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : EXPB52554</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraising Commission Candidate Name Category/Type 003	
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>C. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : EXPB52559</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraising Commission Candidate Name Category/Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7546.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 1920.13 <b>Transaction ID : EXPB52555</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Food, Beverages and Postage 003 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:		

Full Name (Last, First, Middle Initial) <b>B. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 80.43 <b>Transaction ID : EXPB52561</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Telephone and Postage 003 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:		

Full Name (Last, First, Middle Initial) <b>C. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 2196.76 <b>Transaction ID : EXPB52793</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Telephone, Postage and Event Deposit 003 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4197.32
<b>TOTAL</b> 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 42 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 236 Massachusetts Avenue, NE, #603		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : EXPB52792</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraising Commission 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>B. American Express Merchant Services Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address Post Office Box 53773		Amount of Each Disbursement this Period 6.50 <b>Transaction ID : EXPB52625</b>
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Merchant Fee 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>c. American Express Merchant Services Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address Post Office Box 53773		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : EXPB52856</b>
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Merchant Fee 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3514.45
<b>TOTAL</b> 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 43 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express Merchant Services Credit Card</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address Post Office Box 53773			Amount of Each Disbursement this Period 94.26	
City Phoenix	State AZ	Zip Code 85072	Transaction ID : EXPB52911	
Purpose of Disbursement Merchant Fee		001 Category/ Type		
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>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address Post Office Box 5025			Amount of Each Disbursement this Period 131.11	
City Carol Stream	State IL	Zip Code 60197-5025	Transaction ID : EXPB52730	
Purpose of Disbursement Telephones		001 Category/ Type		
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>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address Post Office Box 5025			Amount of Each Disbursement this Period 142.77	
City Carol Stream	State IL	Zip Code 60197-5025	Transaction ID : EXPB52753	
Purpose of Disbursement Telephones		001 Category/ Type		
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	368.14
<b>TOTAL</b> 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 44 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Avalon Caterers International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 109 Clermont Avenue		Amount of Each Disbursement this Period 604.53 <b>Transaction ID : EXPB52781</b>
City Alexandria	State VA Zip Code 22304	
Purpose of Disbursement Food and Beverages	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) <b>B. Katherine R. Birdsong</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 1440 Prentice Dr.		Amount of Each Disbursement this Period 58.81 <b>Transaction ID : EXPB52693</b>
City Healdsburg	State CA Zip Code 95448	
Purpose of Disbursement Printed Materials	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) <b>C. Amoruso Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 401 G Center Street		Amount of Each Disbursement this Period 58.81 <b>Transaction ID : EDTB1376EXPB52693</b> <b>[MEMO ITEM]</b>
City Healdsburg	State CA Zip Code 95448	
Purpose of Disbursement Printed Materials	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	663.34
<b>TOTAL</b> 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 45 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mary Jane Bowker</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 1687 Sycamore Street			Amount of Each Disbursement this Period 2326.67	
City Napa	State CA	Zip Code 94559	Transaction ID : EXPB52707	
Purpose of Disbursement Salary		001 Category/Type		
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>B. Mary Jane Bowker</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 1687 Sycamore Street			Amount of Each Disbursement this Period 2326.67	
City Napa	State CA	Zip Code 94559	Transaction ID : EXPB52747	
Purpose of Disbursement Salary		001 Category/Type		
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>c. Bonnie Buss</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address Post Office Box 3003			Amount of Each Disbursement this Period 360.00	
City Yountville	State CA	Zip Code 94599	Transaction ID : EXPB52728	
Purpose of Disbursement Fundraising Commission		003 Category/Type		
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5013.34
<b>TOTAL</b> 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 46 OF 78	
	<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)  
**Mike Thompson For Congress**

**A. Cardmember Services**

Full Name (Last, First, Middle Initial)  
Mailing Address Post Office Box 790408

City St. Louis State MO Zip Code 63179

Purpose of Disbursement See Individual Credit Card Payee's

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 8955.06

Transaction ID : EXPB52754

Category/Type: 001

**B. Alexis Baking Company**

Full Name (Last, First, Middle Initial)  
Mailing Address 1517 3rd Street

City Napa State CA Zip Code 94559

Purpose of Disbursement Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 112.78

Transaction ID : EDTB1380EXPB52754

[MEMO ITEM]

Category/Type: 003

**c. Bloomers**

Full Name (Last, First, Middle Initial)  
Mailing Address 2975 Washington Street

City San Francisco State CA Zip Code 94115

Purpose of Disbursement Flowers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 95.15

Transaction ID : EDTB1421EXPB52754

[MEMO ITEM]

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 8955.06

**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 47 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bottega Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 6525 Washington Street		Amount of Each Disbursement this Period 92.68
City Yountville	State CA Zip Code 94599	
Purpose of Disbursement Food and Beverages	Category/Type 001	Transaction ID : EDTB1382EXPB52754 <b>[MEMO ITEM]</b>
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>B. Butter Cream Bakery, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 2297 Jefferson Street		Amount of Each Disbursement this Period 267.75
City Napa	State CA Zip Code 94559	
Purpose of Disbursement Food	Category/Type 003	Transaction ID : EDTB1384EXPB52754 <b>[MEMO ITEM]</b>
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>c. Cartons &amp; Crates Shipping Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 3250 California Blvd.		Amount of Each Disbursement this Period 186.90
City Napa	State CA Zip Code 94558	
Purpose of Disbursement Shipping	Category/Type 001	Transaction ID : EDTB1386EXPB52754 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 48 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steak</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 101 Constitution Ave., NW			Amount of Each Disbursement this Period 363.80	
City Washington	State DC	Zip Code 20003	Transaction ID : EDTB1387EXPB52754	
Purpose of Disbursement Food and Beverages		Category/ Type 001	[MEMO ITEM]	
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>B. Chevron Gas</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 800 West Imola Avenue			Amount of Each Disbursement this Period 74.25	
City Napa	State CA	Zip Code 94559	Transaction ID : EDTB1388EXPB52754	
Purpose of Disbursement Fuel		Category/ Type 002	[MEMO ITEM]	
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>c. Clark's Ace Hardware</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 325 Lincoln Ave.			Amount of Each Disbursement this Period 133.81	
City Napa	State CA	Zip Code 94558	Transaction ID : EDTB1389EXPB52754	
Purpose of Disbursement Event Supplies		Category/ Type 003	[MEMO ITEM]	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. District of Pi</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 910 F Street Northwest			Amount of Each Disbursement this Period 223.80		
City Washington	State DC	Zip Code 20004	Transaction ID : EDTB1405EXPB52754		
Purpose of Disbursement Food and Beverages		Category/ Type 001	[MEMO ITEM]		
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>B. Fastrak</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 475 The Embarcadero			Amount of Each Disbursement this Period 75.00		
City San Francisco	State CA	Zip Code 94111	Transaction ID : EDTB1391EXPB52754		
Purpose of Disbursement Tolls		Category/ Type 002	[MEMO ITEM]		
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>c. Fedex Office</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 702 Lincoln Avenue			Amount of Each Disbursement this Period 117.69		
City Napa	State CA	Zip Code 94558	Transaction ID : EDTB1392EXPB52754		
Purpose of Disbursement Printed Materials		Category/ Type 003	[MEMO ITEM]		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Firehook Bakery &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 215 Pennsylvania Ave SE		Amount of Each Disbursement this Period ..... 158.38
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1393EXPB52754  [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>B. FreedomPay</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 17 Campus Blvd.		Amount of Each Disbursement this Period ..... 71.80
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement Parking	Transaction ID : EDTB1394EXPB52754  [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) <b>c. Grace's Table, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1400 Second Street		Amount of Each Disbursement this Period ..... 52.28
City Napa	State CA	
Zip Code 94559	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1395EXPB52754  [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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 0.00
<b>TOTAL</b> 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 51 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial)  
**A. Grocery Outlet**

Mailing Address 1155 S Main Street

City Lakeport State CA Zip Code 95453

Purpose of Disbursement Food and Beverages 003 Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 64.09

Transaction ID : EDTB1396EXPB52754

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. Harry & David**

Mailing Address 2500 S. Pacific Hwy.

City Medford State OR Zip Code 97501

Purpose of Disbursement Gift 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 64.85

Transaction ID : EDTB1397EXPB52754

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**c. House Gift Shop**

Mailing Address 529 14th St NW

City Washington State DC Zip Code 20045

Purpose of Disbursement Constituant Gifts 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 31.20

Transaction ID : EDTB1398EXPB52754

**[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 52 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jackson Bar &amp; Oven</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 135 4th Street		Amount of Each Disbursement this Period 259.83
City Santa Rosa State CA Zip Code 95401	Purpose of Disbursement Food and Beverages 001 Category/Type	
Candidate Name		Transaction ID : EDTB1399EXPB52754 <b>[MEMO ITEM]</b>
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>B. McCaulou's</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1380 Napa Town Center		Amount of Each Disbursement this Period 16.19
City Napa State CA Zip Code 94559	Purpose of Disbursement Food 003 Category/Type	
Candidate Name		Transaction ID : EDTB1400EXPB52754 <b>[MEMO ITEM]</b>
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>c. Monti's Rotisserie &amp; Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 714 Village Court		Amount of Each Disbursement this Period 250.00
City Santa Rosa State CA Zip Code 95405	Purpose of Disbursement Food 003 Category/Type	
Candidate Name		Transaction ID : EDTB1401EXPB52754 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 53 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Napa Valley Traditions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1202 Main Street		Amount of Each Disbursement this Period 154.01
City Napa State CA Zip Code 94559	Purpose of Disbursement Food 003 Category/Type	
Candidate Name		Transaction ID : EDTB1402EXPB52754 <b>[MEMO ITEM]</b>
Office Sought: House Senate 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>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 211 Soscol Avenue		Amount of Each Disbursement this Period 217.22
City Napa State CA Zip Code 94559	Purpose of Disbursement Event supplies 003 Category/Type	
Candidate Name		Transaction ID : EDTB1403EXPB52754 <b>[MEMO ITEM]</b>
Office Sought: House Senate 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>C. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1975 Diamond Blvd.		Amount of Each Disbursement this Period 32.33
City Concord State CA Zip Code 94520	Purpose of Disbursement Food and Beverages 001 Category/Type	
Candidate Name		Transaction ID : EDTB1404EXPB52754 <b>[MEMO ITEM]</b>
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 54 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Potbelly</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 1900 L Street, NW		Amount of Each Disbursement this Period 149.05
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1406EXPB52754
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>B. Raley's</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 217 Soscol Ave		Amount of Each Disbursement this Period 1096.98
City Napa	State CA	
Zip Code 94558	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1407EXPB52754
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:		

Full Name (Last, First, Middle Initial) <b>c. Rancho Gordo</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 1924 Yajome Sreet		Amount of Each Disbursement this Period 85.00
City Napa	State CA	
Zip Code 94559	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1408EXPB52754
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 55 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Rayburn Building</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 45 Independence Ave SW			Amount of Each Disbursement this Period 104.55		
City Washington	State DC	Zip Code 20515	Transaction ID : EDTB1409EXPB52754		
Purpose of Disbursement Food and Beverages		Category/ Type 001	[MEMO ITEM]		
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>B. Sal the Flower Guy</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 2701 Jefferson Street			Amount of Each Disbursement this Period 73.95		
City Napa	State CA	Zip Code 94558	Transaction ID : EDTB1412EXPB52754		
Purpose of Disbursement Flowers		Category/ Type 003	[MEMO ITEM]		
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>c. Salami Lady Cash and Carry</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 1964 Iroquois Street			Amount of Each Disbursement this Period 231.69		
City Napa	State CA	Zip Code 94559	Transaction ID : EDTB1413EXPB52754		
Purpose of Disbursement Food and Beverages		Category/ Type 003	[MEMO ITEM]		
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 56 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1491 Trancas Street		Amount of Each Disbursement this Period 153.16
City Napa State CA Zip Code 94558	Purpose of Disbursement Fuel	
Candidate Name	Category/Type 002	Transaction ID : EDTB1414EXPB52754 <b>[MEMO ITEM]</b>
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>B. Staples Stores</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 3325 Jefferson Street		Amount of Each Disbursement this Period 173.59
City Napa State CA Zip Code 94558	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type 001	Transaction ID : EDTB1415EXPB52754 <b>[MEMO ITEM]</b>
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>c. Starbucks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1200 Lincoln Avenue		Amount of Each Disbursement this Period 8.69
City Napa State CA Zip Code 94558	Purpose of Disbursement Beverages	
Candidate Name	Category/Type 001	Transaction ID : EDTB1416EXPB52754 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 57 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. State Farm Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address Post Office Box 680001		Amount of Each Disbursement this Period 674.87
City Dallas	State TX	
Zip Code 75368	Purpose of Disbursement Vehicle Insurance	Transaction ID : EDTB1417EXPB52754 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/ Type	
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>B. Taqueria Santa Rosa</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1950 Mendocino Ave		Amount of Each Disbursement this Period 18.64
City Santa Rosa	State CA	
Zip Code 95401	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1418EXPB52754 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/ Type	
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>c. Target</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 205 Soscol Avenue		Amount of Each Disbursement this Period 14.03
City Napa	State CA	
Zip Code 94559	Purpose of Disbursement Event Supplies	Transaction ID : EDTB1419EXPB52754 <b>[MEMO ITEM]</b>
Candidate Name	003 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 58 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Lodge at Sonoma Renaissance Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1325 Broadway		Amount of Each Disbursement this Period 1500.00
City Sonoma	State CA	
Zip Code 95476	Purpose of Disbursement Event Venue	Transaction ID : EDTB1410EXPB52754 <b>[MEMO ITEM]</b>
Candidate Name	003 Category/ Type	
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>B. The Lodge at Sonoma Renaissance Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1325 Broadway		Amount of Each Disbursement this Period 437.41
City Sonoma	State CA	
Zip Code 95476	Purpose of Disbursement Hotel	Transaction ID : EDTB1411EXPB52754 <b>[MEMO ITEM]</b>
Candidate Name	002 Category/ Type	
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>c. The Sweet Lobby</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 404 8th Street SE		Amount of Each Disbursement this Period 143.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food	Transaction ID : EDTB1420EXPB52754 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 59 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Trader Joe's</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 3654 Bel Aire Plaza		Amount of Each Disbursement this Period 44.35
City Napa State CA Zip Code 94558	Purpose of Disbursement Food and Beverages 003 Category/Type	
Candidate Name		Transaction ID : EDTB1422EXPB52754 <b>[MEMO ITEM]</b>
Office Sought: House Senate 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>B. U.S. Postmaster</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 1625 Trancas Street		Amount of Each Disbursement this Period 506.46
City Napa State CA Zip Code 94558	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name		Transaction ID : EDTB1425EXPB52754 <b>[MEMO ITEM]</b>
Office Sought: House Senate 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>C. Union Hotel</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 280 Mission Blvd.		Amount of Each Disbursement this Period 13.96
City Santa Rosa State CA Zip Code 95409	Purpose of Disbursement Food and Beverages 001 Category/Type	
Candidate Name		Transaction ID : EDTB1423EXPB52754 <b>[MEMO ITEM]</b>
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 60 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 117.01
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephones	Transaction ID : EDTB1426EXPB52754
Candidate Name	001 Category/ Type	
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>B. Whole Foods</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 3682 Bel Aire Plaza		Amount of Each Disbursement this Period 77.36
City Napa	State CA	
Zip Code 94558	Purpose of Disbursement Food and Beverages	Transaction ID : EDTB1427EXPB52754
Candidate Name	003 Category/ Type	
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>c. Woodhouse Chocolate</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 1367 Main Street		Amount of Each Disbursement this Period 96.00
City Saint Helena	State CA	
Zip Code 94574	Purpose of Disbursement Food	Transaction ID : EDTB1429EXPB52754
Candidate Name	003 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 61 OF 78		
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Certified Parking Attendants, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 448 Ignacio Blvd., #251		Amount of Each Disbursement this Period 689.00 <b>Transaction ID : EXPB52779</b>
City Novato	State CA	
Zip Code 94949	Purpose of Disbursement Event Valet Services	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) <b>B. Tracy Cook</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 426 Webber Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : EXPB52751</b>
City Napa	State CA	
Zip Code 94559	Purpose of Disbursement Data Entry	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>C. Michael Harmon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 204 South E Street		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : EXPB52834</b>
City Santa Rosa	State CA	
Zip Code 95404	Purpose of Disbursement Event Entertainment	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1489.00
<b>TOTAL</b> 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 62 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jewish News Weekly of Northern CA</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 225 Bush Street #1480			Amount of Each Disbursement this Period 646.00 <b>Transaction ID : EXPB52694</b>
City San Francisco	State CA	Zip Code 94104	
Purpose of Disbursement Advertising	Candidate Name		Category/ Type 004
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>B. Lake Event Design &amp; Party Rental</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 55-B Fifth Street			Amount of Each Disbursement this Period 235.00 <b>Transaction ID : EXPB52790</b>
City Lakeport	State CA	Zip Code 95453	
Purpose of Disbursement Table Linen	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>c. Madelene M. Lyon</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 4717 Clark Dr.			Amount of Each Disbursement this Period 1075.00 <b>Transaction ID : EXPB52729</b>
City Kelseyville	State CA	Zip Code 95451	
Purpose of Disbursement Fundraising Commission	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1956.00
<b>TOTAL</b> 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 63 OF 78		
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Marline McCarthy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 25 Barbary Court		Amount of Each Disbursement this Period 115.00 <b>Transaction ID : EXPB52731</b>
City Largo	State MD	
Zip Code 20774	Purpose of Disbursement Event Clean up Services	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) <b>B. Napa Valley Support Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1700-2nd Street, Ste. 212		Amount of Each Disbursement this Period 465.00 <b>Transaction ID : EXPB52833</b>
City Napa	State CA	
Zip Code 94559	Purpose of Disbursement Silent Auction Item	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) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : EXPB52695</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Building Assessments	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	590.00
<b>TOTAL</b> 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 64 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. North State Payment Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1348 Market Street, Suite 210			Amount of Each Disbursement this Period 10.00 <b>Transaction ID : EXPB52859</b>
City Redding	State CA	Zip Code 96001	
Purpose of Disbursement Merchant Fee		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>B. North State Payment Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1348 Market Street, Suite 210			Amount of Each Disbursement this Period 37.56 <b>Transaction ID : EXPB52874</b>
City Redding	State CA	Zip Code 96001	
Purpose of Disbursement Merchant Fee		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>C. North State Payment Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1348 Market Street, Suite 210			Amount of Each Disbursement this Period 188.95 <b>Transaction ID : EXPB52912</b>
City Redding	State CA	Zip Code 96001	
Purpose of Disbursement Merchant Fee		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	236.51
<b>TOTAL</b> 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 65 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. North Valley Bank (NVB)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1844 Park Marina Dr.		Amount of Each Disbursement this Period 37.56 <b>Transaction ID : EXPB52699</b>
City Redding State CA Zip Code 96001	Purpose of Disbursement Merchant Fees 001 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:		

Full Name (Last, First, Middle Initial) <b>B. North Valley Bank (NVB)</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1844 Park Marina Dr.		Amount of Each Disbursement this Period 72.53 <b>Transaction ID : EXPB52910</b>
City Redding State CA Zip Code 96001	Purpose of Disbursement Merchant Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pinole Senior Center</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 2500 Charles Avenue		Amount of Each Disbursement this Period 895.00 <b>Transaction ID : EXPB52732</b>
City Pinole State CA Zip Code 94564	Purpose of Disbursement Event Venue 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1005.00
<b>TOTAL</b> 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 66 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph J. Plaughter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 418.67 <b>Transaction ID : EXPB52712</b>
City Guerneville	State CA	
Purpose of Disbursement Mileage, Various Dates	Category/ Type 002	
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>B. Joseph J. Plaughter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 437.58 <b>Transaction ID : EXPB52708</b>
City Guerneville	State CA	
Purpose of Disbursement Salary	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>c. Joseph J. Plaughter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 333.35 <b>Transaction ID : EXPB52734</b>
City Guerneville	State CA	
Purpose of Disbursement Mileage, Various Dates	Category/ Type 002	
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1189.60
<b>TOTAL</b> 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 67 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph J. Plaughter</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 284.28 <b>Transaction ID : EXPB52780</b>
City Guerneville	State CA	
Zip Code 95446	Purpose of Disbursement Mileage, Toll and Fuel, Various Dates	Category/ Type 002
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>B. Bay Area Toll Authority</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2014
Mailing Address 101-8th Street		Amount of Each Disbursement this Period 5.00 <b>Transaction ID : EDTB1377EXPB52780</b> <b>[MEMO ITEM]</b>
City Oakland	State CA	
Zip Code 94607	Purpose of Disbursement Toll	Category/ Type 002
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>c. Shell Oil Gas Station</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2014
Mailing Address 1491 Trancas Street		Amount of Each Disbursement this Period 83.79 <b>Transaction ID : EDTB1378EXPB52780</b> <b>[MEMO ITEM]</b>
City Napa	State CA	
Zip Code 94558	Purpose of Disbursement Fuel	Category/ Type 002
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	284.28
<b>TOTAL</b> 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 68 OF 78		
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph J. Plaughter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 437.58 <b>Transaction ID : EXPB52748</b>
City Guerneville	State CA	
Zip Code 95446	Purpose of Disbursement Salary	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>B. Joseph J. Plaughter</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 167.24 <b>Transaction ID : EXPB52796</b>
City Guerneville	State CA	
Zip Code 95446	Purpose of Disbursement Mileage, Various Dates	Category/ Type 002
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>c. Joseph J. Plaughter</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 14710 Carrier Lane		Amount of Each Disbursement this Period 109.61 <b>Transaction ID : EXPB52905</b>
City Guerneville	State CA	
Zip Code 95446	Purpose of Disbursement Mileage, Various Dates	Category/ Type 002
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	714.43
<b>TOTAL</b> 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 69 OF 78			
	<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)  
**Mike Thompson For Congress**

**A. RCBS Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Payroll Taxes Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 04 / 15 / 2014

Amount of Each Disbursement this Period 943.79  
Transaction ID : EXPB52709

**B. RCBS Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Payroll Fees Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 04 / 15 / 2014

Amount of Each Disbursement this Period 66.50  
Transaction ID : EXPB52710

**C. RCBS Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Payroll Fees Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 04 / 30 / 2014

Amount of Each Disbursement this Period 58.00  
Transaction ID : EXPB52750

**SUBTOTAL** of Disbursements This Page (optional) ..... 1068.29

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 78	
	<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)  
**Mike Thompson For Congress**

**A. RCBS Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
04 / 30 / 2014

Amount of Each Disbursement this Period  
943.79

Transaction ID : EXPB52749

Category/Type: 001

**B. River City Business Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Bookkeeping, Postage, Copies, Supplies and Software Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
04 / 01 / 2014

Amount of Each Disbursement this Period  
2558.00

Transaction ID : EXPB52552

Category/Type: 001

**C. River City Business Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Bookkeeping, Postage, Copies, Supplies and Software Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
05 / 01 / 2014

Amount of Each Disbursement this Period  
3009.47

Transaction ID : EXPB52786

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 6511.26

**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 71 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement								
<b>A. Select Bankcard</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>04 / 08 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	04 / 08 / 2014					
M M / D D / Y Y Y Y										
04 / 08 / 2014										
Mailing Address 170 Interstate Plaza, Suite 220		Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lehi</td> <td>UT</td> <td>84043</td> </tr> </table>		City	State	Zip Code	Lehi	UT	84043	<table border="1"> <tr> <td>10.00</td> </tr> </table>		10.00
City	State	Zip Code								
Lehi	UT	84043								
10.00										
Purpose of Disbursement Merchant Fees		Transaction ID : EXPB52654								
Candidate Name		Category/Type								
Office Sought:		Disbursement For: 2014								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State: District:										

Full Name (Last, First, Middle Initial)		Date of Disbursement								
<b>B. Select Bankcard</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>04 / 08 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	04 / 08 / 2014					
M M / D D / Y Y Y Y										
04 / 08 / 2014										
Mailing Address 170 Interstate Plaza, Suite 220		Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lehi</td> <td>UT</td> <td>84043</td> </tr> </table>		City	State	Zip Code	Lehi	UT	84043	<table border="1"> <tr> <td>94.65</td> </tr> </table>		94.65
City	State	Zip Code								
Lehi	UT	84043								
94.65										
Purpose of Disbursement Merchant Fees		Transaction ID : EXPB52655								
Candidate Name		Category/Type								
Office Sought:		Disbursement For: 2014								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State: District:										

Full Name (Last, First, Middle Initial)		Date of Disbursement								
<b>C. Select Bankcard</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>05 / 02 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	05 / 02 / 2014					
M M / D D / Y Y Y Y										
05 / 02 / 2014										
Mailing Address 170 Interstate Plaza, Suite 220		Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lehi</td> <td>UT</td> <td>84043</td> </tr> </table>		City	State	Zip Code	Lehi	UT	84043	<table border="1"> <tr> <td>10.00</td> </tr> </table>		10.00
City	State	Zip Code								
Lehi	UT	84043								
10.00										
Purpose of Disbursement Merchant Fee		Transaction ID : EXPB52913								
Candidate Name		Category/Type								
Office Sought:		Disbursement For: 2014								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State: District:										

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	114.65
<b>TOTAL</b> 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 72 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Select Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 170 Interstate Plaza, Suite 220		Amount of Each Disbursement this Period 124.97 <b>Transaction ID : EXPB52914</b>
City Lehi	State UT	
Zip Code 84043	Purpose of Disbursement Merchant Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sonoma Valley Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 651 A Broadway		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : EXPB52697</b>
City Sonoma	State CA	
Zip Code 95476	Purpose of Disbursement Event Tickets	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>c. Southgate Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1025 Golden Gate Drive		Amount of Each Disbursement this Period 138.00 <b>Transaction ID : EXPB52752</b>
City Napa	State CA	
Zip Code 94558	Purpose of Disbursement Rent	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.97
<b>TOTAL</b> 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 73 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. State Compensation Insurance Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address Post Office Box 9102		Amount of Each Disbursement this Period 371.75 <b>Transaction ID : EXPB52755</b>
City Pleasanton	State CA	
Purpose of Disbursement Workers Compensation Insurance		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>B. Jed Tecumseh Steele</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 4350 Thomas Drive		Amount of Each Disbursement this Period 125.15 <b>Transaction ID : NONB52784</b>
City Kelseyville	State CA	
Purpose of Disbursement In-Kind-Wine		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:		

Full Name (Last, First, Middle Initial) <b>C. Vallejo Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 427 York Street		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : EXPB52832</b>
City Vallejo	State CA	
Purpose of Disbursement Event Ticket		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	516.90
<b>TOTAL</b> 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 74 OF 78			
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 280.30 <b>Transaction ID : EXPB52713</b>
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephones 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)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	280.30
<b>TOTAL</b> This Period (last page this line number only).....	46521.93

**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 75 OF 78
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address Post Office Box 790408		Amount of Each Disbursement this Period 410.00 <b>Transaction ID : EXPB52785</b>
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement See Individual Credit Card Payee's	Category/ Type 012
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>B. Family Services of Napa</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 709 Franklin Street		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : EDTB1431EXPB52785</b> <b>[MEMO ITEM]</b>
City Napa	State CA	
Zip Code 94559	Purpose of Disbursement Civic Donation	Category/ Type 012
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>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 430 South Capitol Street, SE, 2nd		Amount of Each Disbursement this Period 9250.00 <b>Transaction ID : EXPB52703</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Unlimited Transfer	Category/ Type 011
Candidate Name <b>Democratic Congressional Campaign Committee</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9660.00
<b>TOTAL</b> 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 76 OF 78	
	<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)  
**Mike Thompson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Napa County Democratic Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2014</b>
Mailing Address Post Office Box 652		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : EXPB52887</b>
City State Zip Code <b>Napa CA 94559-0652</b>	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name <b>Napa County Democratic Central Committee</b>	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>B. Omega Golf</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2014</b>
Mailing Address Post Office Box 5982		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : EXPB52757</b>
City State Zip Code <b>Vallejo CA 94591</b>	Purpose of Disbursement Civic Donation <b>012</b> 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:		

Full Name (Last, First, Middle Initial) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11160.00</b>

**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)

**Mike Thompson For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Advanced Network Strategies, LLC**

Mailing Address 236 Massachusetts Avenue, NE, #603

City State Zip Code  
Washington DC 20002

Nature of Debt (Purpose):  
Fundraising Commission

Outstanding Balance Beginning This Period **Transaction ID : PAYD52556**  
3500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 3500.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Advanced Network Strategies, LLC**

Mailing Address 236 Massachusetts Avenue, NE, #603

City State Zip Code  
Washington DC 20002

Nature of Debt (Purpose):  
Telephone and Postage

Outstanding Balance Beginning This Period **Transaction ID : PAYD52557**  
80.43

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 80.43 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Advanced Network Strategies, LLC**

Mailing Address 236 Massachusetts Avenue, NE, #603

City State Zip Code  
Washington DC 20002

Nature of Debt (Purpose):  
Airfare

Outstanding Balance Beginning This Period **Transaction ID : PAYD52558**  
546.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 546.00 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**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)

**Mike Thompson For Congress**

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

Nature of Debt (Purpose):  
Credit Card Debt

Mailing Address Post Office Box 790408

City State Zip Code  
St. Louis MO 63179

Outstanding Balance Beginning This Period  
0.00

Transaction ID : PAYD52907

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
13578.50 0.00 13578.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mila's Catering, Inc.**

Nature of Debt (Purpose):  
Food and Beverages

Mailing Address 1720 Lanier Place, NW

City State Zip Code  
Washington DC 20009

Outstanding Balance Beginning This Period  
0.00

Transaction ID : PAYD52947

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
1174.00 0.00 1174.00

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

14752.50  
14752.50  
0.00  
14752.50