

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines North County Democratic Unity Political Action Coalition

ADDRESS (number and street) 425 W 5th Avenue Suite 205 Escondido CA 92025 4843 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00382861 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2008 through 06 30 2008

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 Xavier Martinez Signature of Treasurer Electronically Filed by Xavier Martinez Date 07 14 2008

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
North County Democratic Unity Political Action Coalition

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17730.32
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	17463.40									
(c) Total Receipts (from Line 19)	6794.74	9764.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24258.14	27495.06								
7. Total Disbursements (from Line 31)	12079.15	15316.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12178.99	12178.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name
North County Democratic Unity Political Action Coalition

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5570.00	7440.00
(i) Itemized (use Schedule A)	832.92	1932.92
(ii) Unitemized	6402.92	9372.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	391.82	391.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6794.74	9764.74
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6794.74	9764.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6794.74	9764.74

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11579.15	12836.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	11579.15	12836.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	2170.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	250.00	310.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12079.15	15316.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12079.15	15316.07

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	6794.74	9764.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6794.74	9764.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11579.15	12836.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11579.15	12836.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) James Dooley	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 1270 Olive Avenue	Transaction ID: SA11AI-54-505-c
	City State Zip Code Fallbrook CA 92028-1569	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00

B.	Full Name (Last, First, Middle Initial) Elizabeth Keadle	Date of Receipt MM / DD / YYYY 04 / 21 / 2008
	Mailing Address PO Box 906	Transaction ID: SA11AI-381-509-c
	City State Zip Code Rancho Santa Fe CA 92067-0906	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer None Occupation Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

C.	Full Name (Last, First, Middle Initial) Vivian Kay Peters	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 1141 Calle Vista Avenue	Transaction ID: SA11AI-407-552-c
	City State Zip Code Escondido CA 92027-1311	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer None Occupation Retired Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	5570.00
TOTAL This Period (last page this line number only)	5570.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) San Diego County Democratic Party		Date of Receipt
	Mailing Address 8304 Clairemont Mesa Boulevard Suite 108		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Diego	CA	92111-1315
	FEC ID number of contributing federal political committee.		<input type="text" value="C00402826"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="391.82"/>	Transaction ID: SA11B-81-569-i Amount of Each Receipt this Period <input type="text" value="391.82"/> In-Kind: Telephone Expenses

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="391.82"/>
TOTAL This Period (last page this line number only)	<input type="text" value="391.82"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) California Democratic Party	Transaction ID: SB21B-289-515-e Date of Disbursement
	Mailing Address 1401 21st Street Suite 200	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Sacramento State CA Zip Code 95811-5221	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses: Insurance	<input type="text" value="725.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) City Of Encinitas	Transaction ID: SB21B-287-33-V Date of Disbursement
	Mailing Address 1140 Oakcrest Park Drive	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Encinitas State CA Zip Code 92024-4000	Amount of Each Disbursement this Period
	Purpose of Disbursement Venue Rental	<input type="text" value="100.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Subitemization of Dale Ordas

C.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: SB21B-64-517-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Software	<input type="text" value="75.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Computer Software Candidate Name 001 Category/Type <hr/> 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:	Transaction ID: SB21B-64-540-e Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div>
B.	Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Computer Software Candidate Name 001 Category/Type <hr/> 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:	Transaction ID: SB21B-64-541-e Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">75.00</div>
C.	Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences <hr/> Mailing Address 1651 S Juniper Street <hr/> City Escondido State CA Zip Code 92025-6127 <hr/> Purpose of Disbursement Computer Software Services Candidate Name 001 Category/Type <hr/> 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:	Transaction ID: SB21B-283-516-e Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">56.94</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 2px;">136.94</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px;"> </div>

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences	Transaction ID: SB21B-283-542-e
	Mailing Address 1651 S Juniper Street	Date of Disbursement MM / DD / YYYY 05 / 06 / 2008
	City Escondido State CA Zip Code 92025-6127	Amount of Each Disbursement this Period 56.94
	Purpose of Disbursement Computer Software Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences	Transaction ID: SB21B-283-559-e
	Mailing Address 1651 S Juniper Street	Date of Disbursement MM / DD / YYYY 06 / 12 / 2008
	City Escondido State CA Zip Code 92025-6127	Amount of Each Disbursement this Period 56.94
	Purpose of Disbursement Computer Software Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) San Diego County Democratic Party	Transaction ID: SB21B-81-569-i
	Mailing Address 8304 Clairemont Mesa Boulevard Suite 108	Date of Disbursement MM / DD / YYYY 05 / 22 / 2008
	City San Diego State CA Zip Code 92111-1315	Amount of Each Disbursement this Period 391.82
	Purpose of Disbursement Inkind: Telephone Expenses	Category/ Type
	Candidate Name San Diego County Democratic Party	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	505.70
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) San Diego Gas & Electric (SDG&E)	Transaction ID: SB21B-386-521-e
	Mailing Address P.O. Box 25111	Date of Disbursement MM / DD / YYYY 05 / 27 / 2008
	City Santa Ana State CA Zip Code 92799-5111	Amount of Each Disbursement this Period 16.40
	Purpose of Disbursement Office Utilities Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) San Diego Gas & Electric (SDG&E)	Transaction ID: SB21B-386-549-e
	Mailing Address P.O. Box 25111	Date of Disbursement MM / DD / YYYY 06 / 25 / 2008
	City Santa Ana State CA Zip Code 92799-5111	Amount of Each Disbursement this Period 359.42
	Purpose of Disbursement Office Utilities Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patsy Cutler	Transaction ID: SB21B-100-520-e
	Mailing Address 467 Fulvia Street	Date of Disbursement MM / DD / YYYY 05 / 08 / 2008
	City Encinitas State CA Zip Code 92024-2146	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Reimburse: Community Event Registration Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	400.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) Patsy Cutler	Transaction ID: SB21B-100-538-e Date of Disbursement
	Mailing Address 467 Fulvia Street	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Encinitas State CA Zip Code 92024-2146	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse: Office Supplies/Postage Candidate Name	<input type="text" value="114.97"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Dale Ordas	Transaction ID: SB21B-42-511-e Date of Disbursement
	Mailing Address 300 Carlsbad Village Drive Suite 108A	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Carlsbad State CA Zip Code 92008-2990	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse: Venue Rental Fees Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Dale Ordas	Transaction ID: SB21B-42-543-e Date of Disbursement
	Mailing Address 300 Carlsbad Village Drive Suite 108A	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Carlsbad State CA Zip Code 92008-2990	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse: Office Supplies: Keys Candidate Name	<input type="text" value="7.95"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="222.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) Dale Ordas Mailing Address 300 Carlsbad Village Drive Suite 108A City Carlsbad State CA Zip Code 92008-2990 Purpose of Disbursement Reimburse: Office Supplies Comp Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	Transaction ID: SB21B-42-544-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">113.87</td> </tr> </table> Category/Type: 001	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	8	113.87
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	6	/	2	0	0	8														
113.87																							
B.	Full Name (Last, First, Middle Initial) Peter Sidlauskas Mailing Address 145 S Fig Street City Escondido State CA Zip Code 92025-4453 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-380-508-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">6000.00</td> </tr> </table> Category/Type: 001	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	7	/	2	0	0	8	6000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	1	7	/	2	0	0	8														
6000.00																							
C.	Full Name (Last, First, Middle Initial) Peter Sidlauskas Mailing Address 145 S Fig Street City Escondido State CA Zip Code 92025-4453 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-380-545-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">3000.00</td> </tr> </table> Category/Type: 001	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	3	/	2	0	0	8	3000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	2	3	/	2	0	0	8														
3000.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="font-weight: bold;">9113.87</td> </tr> </table>	9113.87
9113.87		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="font-weight: bold;">11180.25</td> </tr> </table>	11180.25
11180.25		

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

<p>A. Full Name (Last, First, Middle Initial) Nick Leibham for Congress</p> <p>Mailing Address 425 W. 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement In-Kind: Proportioned Office Rent</p> <p>Candidate Name Nick Leibham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-391-554-I Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Nick Leibham for Congress</p> <p>Mailing Address 425 W. 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement In-Kind: Proportioned Office Rent</p> <p>Candidate Name Nick Leibham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-391-555-I Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Nick Leibham for Congress</p> <p>Mailing Address 425 W. 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Nick Leibham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-391-524-e Date of Disbursement 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Nick Leibham for Congress

Mailing Address 425 W. 5th Avenue
Suite 205

City Escondido State CA Zip Code 92025

Purpose of Disbursement
In-Kind: Proportioned Office Rent

Candidate Name
Nick Leibham

Office Sought: House
 Senate
 President

State: CA District: 50

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB23-391-556-I

Date of Disbursement

06 / 07 / 2008

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)
Brett For The 74th Assembly

Mailing Address 207 Rosebay Drive

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Political Contribution

Candidate Name
Brett D Maxfield

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB29-389-525-e
Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

250.00

(For State/Local Candidate Support)

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00