

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JILL DEXTER

Signature of Treasurer JILL DEXTER [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="23790.72"/>	<input type="text" value="23790.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18950.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28685.85"/>	<input type="text" value="31370.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47635.87"/>	<input type="text" value="55161.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23716.03"/>	<input type="text" value="31241.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23919.84"/>	<input type="text" value="23919.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

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

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		
(i) Itemized (use Schedule A).....	10916.00	10916.00
(ii) Unitemized	16919.85	19604.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27835.85	30520.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	750.00	750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28585.85	31270.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	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).....	100.00	100.00
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 Transfers (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))..... ▶	28685.85	31370.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28685.85	31370.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	22516.03	30041.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22516.03	30041.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1200.00	1200.00
(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)).....	1200.00	1200.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	23716.03	31241.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23716.03	31241.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	28585.85	31270.85
34. Total Contribution Refunds (from Line 28(d))	1200.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27385.85	30070.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	22516.03	30041.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	100.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22416.03	29941.73

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. EMILY ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 E VICTORIA ST
 City State Zip Code
 SANTA BARBARA CA 93103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : SA11AI.4490
 Amount of Each Receipt this Period
 270.00

B. ESTHER BORAH
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3825
 City State Zip Code
 SANTA BARBARA CA 93130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2013
Transaction ID : SA11AI.4476
 Amount of Each Receipt this Period
 1500.00

C. ESTHER BORAH
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3825
 City State Zip Code
 SANTA BARBARA CA 93130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2013
Transaction ID : SA11AI.4506
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2070.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. LOIS CAPPS

Mailing Address **PO BOX 23940**

City **SANTA BARBARA** State **CA** Zip Code **93121**

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

Name of Employer **CALIFORNIA** Occupation **REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
08 / 06 / 2013
Transaction ID : SA11AI.4480

Amount of Each Receipt this Period
250.00

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

Mailing Address **1722 PROSPECT AVE.**

City **SANTA BARBARA** State **CA** Zip Code **93103**

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

Name of Employer **JAN CLOUSE** Occupation **ARTIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 25 / 2013
Transaction ID : SA11AI.4472

Amount of Each Receipt this Period
500.00

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

Mailing Address **1722 PROSPECT AVE.**

City **SANTA BARBARA** State **CA** Zip Code **93103**

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

Name of Employer **JAN CLOUSE** Occupation **ARTIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
09 / 22 / 2013
Transaction ID : SA11AI.4499

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1075.00**

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

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

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

FOR LINE NUMBER: PAGE 8 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. JILL DEXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 VIA ROSITA
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JILL DEXTER Occupation APPAREL & FASHION PROFESSIONAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : SA11AI.4473
 Amount of Each Receipt this Period
 1000.00

B. JILL DEXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 VIA ROSITA
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JILL DEXTER Occupation APPAREL & FASHION PROFESSIONAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : SA11AI.4494
 Amount of Each Receipt this Period
 695.00

C. DOREEN FARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 975 FREDENSBORG CANYON ROAD
 City SOLVANG State CA Zip Code 93463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COUNTY OF SANTA BARBARA Occupation COUNTY SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : SA11AI.4497
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1945.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. CAROL KEATOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1916 GILLESPIE STREET
 City State Zip Code
 SANTA BARBARA CA 93101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : SA11AI.4507
 Amount of Each Receipt this Period
 220.00

B. DAVID LANDECKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 W VALERIO STREET
 City State Zip Code
 SANTA BARBARA CA 93101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : SA11AI.4504
 Amount of Each Receipt this Period
 345.00

C. SARA MILLER McCUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2979 EUCALYPTUS HILL ROAD
 City State Zip Code
 MONTECITO CA 93108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SAGE PUBLICATIONS PUBLISHING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : SA11AI.4488
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1565.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. KRISTI NEWTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 LOS FELIZ DRIVE
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : SA11AI.4502
 Amount of Each Receipt this Period
 435.00

B. ANNE SCHOWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 MONTE DR.
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : SA11AI.4474
 Amount of Each Receipt this Period
 500.00

C. DEBBIE SCHWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 A MEIGS RD STE 355
 City SANTA BARBARA State CA Zip Code 93109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MESA CONSULTING Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : SA11AI.4475
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1435.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. DIANE MEYER SIMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 E MOUNTAIN DRIVE
 City SANTA BARBARA State CA Zip Code 93108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : SA11AI.4515
 Amount of Each Receipt this Period
 500.00

B. JOI STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4676 VIA ROBLADA
 City SANTA BARBARA State CA Zip Code 93110-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : SA11AI.4492
 Amount of Each Receipt this Period
 225.00

C. GAIL TETON-LANDIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4450 VIA ALEGRE
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2013
Transaction ID : SA11AI.4478
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1725.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. JUDITH A WAINWRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 E JUNIPERO STREET
 City SANTA BARBARA State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 601.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.4513
 Amount of Each Receipt this Period
 601.00

B. MARY ELLEN WYLIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 367 ALEX PL
 City GOLETA State CA Zip Code 93117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2013
Transaction ID : SA11AI.4477
 Amount of Each Receipt this Period
 500.00

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) ▼
 Aggregate Year-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).....▶	1101.00
TOTAL This Period (last page this line number only).....▶	10916.00

**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 13 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. HELENE SCHNEIDER FOR MAYOR 1311411
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 22606

City SANTA BARBARA	State CA	Zip Code 93121
-----------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : SA11C.4485

Amount of Each Receipt this Period
 _____ 90.00

B. HELENE SCHNEIDER FOR MAYOR 1311411
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 22606

City SANTA BARBARA	State CA	Zip Code 93121
-----------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : SA11C.4486

Amount of Each Receipt this Period
 _____ 410.00

C. SALUD CARBAJAL FOR SUPERVISOR 2012 1260493
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 20084

City SANTA BARBARA	State CA	Zip Code 93120
-----------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11C.4484

Amount of Each Receipt this Period
 _____ 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

**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)

<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. ALTERNATIVE DIGITAL PRINTING

Mailing Address 1511 CHAPALA STREET

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
printing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4542**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GARY ATKINS

Mailing Address 1126 DEL MAR AVE

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
event help

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4566**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BILL'S COPY SHOP

Mailing Address 1536 STATE STREET

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
printing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4568**

Amount of Each Disbursement this Period

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

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. ESTHER BORAH

Mailing Address PO BOX 3825

City State Zip Code
SANTA BARBARA CA 93130

Purpose of Disbursement
reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4556

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jet Blue

Mailing Address 27-01 Queens Plaza North

City State Zip Code
Long Island City NY 11101

Purpose of Disbursement
event expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4556.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ESTHER BORAH

Mailing Address PO BOX 3825

City State Zip Code
SANTA BARBARA CA 93130

Purpose of Disbursement
reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4581

Amount of Each Disbursement this Period

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

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. JAN CLOUSE

Mailing Address 1722 PROSPECT AVE.

City State Zip Code
SANTA BARBARA CA 93103

Purpose of Disbursement
reimbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4554

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ECHO COMMUNICATIONS

Mailing Address 924 CHAPALA ST., #D

City State Zip Code
SANTA BARBARA CA 93101

Purpose of Disbursement
utilities

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4537

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS BILTMORE

Mailing Address 1260 CHANNEL DR

City State Zip Code
SANTA BAARBARA CA 93108

Purpose of Disbursement
event venue

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4546

Amount of Each Disbursement this Period

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

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS BILTMORE

Mailing Address 1260 CHANNEL DR

City State Zip Code
SANTA BAARBARA CA 93108

Purpose of Disbursement
event venue

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.4559**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GOLETA VALLEY BUSINESS FORMS

Mailing Address 2919 DE LA VINA ST

City State Zip Code
SANTA BARBARA CA 93105

Purpose of Disbursement
printing

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.4538**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GOLETA VALLEY BUSINESS FORMS

Mailing Address 2919 DE LA VINA ST

City State Zip Code
SANTA BARBARA CA 93105

Purpose of Disbursement
printing

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.4560**

Amount of Each Disbursement this Period

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

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. GOLETA VALLEY BUSINESS FORMS

Mailing Address 2919 DE LA VINA ST

City SANTA BARBARA State CA Zip Code 93105

Purpose of Disbursement
printing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4573

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PERI & ALVARADO CPA's, INC.

Mailing Address 360 S HOPE AVE. SUITE C300

City SANTA BARBARA State CA Zip Code 93105

Purpose of Disbursement
accounting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4539

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SANTA BARBARA INDEPENDENT

Mailing Address 122 W FIGUEROA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
advertisement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4564

Amount of Each Disbursement this Period

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

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Santa Barbara Pro-Choice Coalition

Mailing Address 518 Garden Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
event contribution

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2013

Transaction ID : SB21B.4536

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. SANTA BARBARA WINERY

Mailing Address 202 ANACAPA STREET

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
event venue

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : SB21B.4547

Amount of Each Disbursement this Period

654.24

Full Name (Last, First, Middle Initial)

C. GAIL TETON-LANDIS

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement
reimbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SB21B.4528

Amount of Each Disbursement this Period

257.60

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

946.84

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
postage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2013

Transaction ID : SB21B.4528.0

Amount of Each Disbursement this Period

257.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GAIL TETON-LANDIS

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement
reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2013

Transaction ID : SB21B.4576

Amount of Each Disbursement this Period

98.08

Full Name (Last, First, Middle Initial)

C. UNIVERSITY CLUB OF SANTA BARBARA

Mailing Address 1332 SANTA BARBARA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
event venue

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	08	/	2013

Transaction ID : SB21B.4569

Amount of Each Disbursement this Period

1000.00

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

1098.08

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

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**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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
P.O. BOX RENTAL

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : SB21B.4534

Amount of Each Disbursement this Period

78.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
postage

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2013

Transaction ID : SB21B.4540

Amount of Each Disbursement this Period

184.00

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
postage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2013

Transaction ID : SB21B.4552

Amount of Each Disbursement this Period

44.16

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

306.16

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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4558

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4571

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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 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 checked="" 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. KERRIE KILPATRICK-WEINBERG

Mailing Address 835 PUENTE DRIVE

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SB28A.4663

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1200.00

1200.00