

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
San Francisco Democratic County Central Committee

ADDRESS (number and street) 8581 Santa Monica Blvd., #504
 Check if different than previously reported. (ACC)
West Hollywood CA 90069

2. **FEC IDENTIFICATION NUMBER** C00392928
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 Quarterly 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 (12G)
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 1 1 2 5 2 0 0 8 through 1 2 3 1 2 0 0 8

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 Debra Walker

Signature of Treasurer Electronically Filed by Debra Walker Date 0 1 1 9 2 0 0 9

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 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
San Francisco Democratic County Central Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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		31477.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	18934.39									
(c) Total Receipts (from Line 19)	6438.02	160177.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25372.41	191655.63								
7. Total Disbursements (from Line 31)	11381.95	177665.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13990.46	13990.46								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	29487.50									

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
San Francisco Democratic County Central Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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	0.00	88555.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	3006.50	3006.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3006.50	91562.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2625.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3006.50	94187.00
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)	0.00	9900.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	259.94	13179.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	3171.58	42910.95
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	3171.58	42910.95
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6438.02	160177.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3266.44	117266.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	803.59	24459.34
(ii) Non-Federal Share.....	1730.86	47789.66
(b) Other Federal Operating Expenditures.....	5584.07	47546.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8118.52	119795.93
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 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.....	0.00	10000.00
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	3263.43	47869.24
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	3263.43	47869.24
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11381.95	177665.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9651.09	129875.51

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)	3006.50	94187.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3006.50	94187.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6387.66	72006.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	9900.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6387.66	62106.27

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A.	Full Name (Last, First, Middle Initial) SBC/AT&T		Date of Receipt	
	Mailing Address Payment Center		M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.2459
	Sacramento	CA	95887-0001	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		204.71	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund		
Aggregate Year-to-Date ▼		204.71		

SUBTOTAL of Receipts This Page (optional)	▶	204.71
TOTAL This Period (last page this line number only)	▶	204.71

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)
San Francisco Democratic County Central Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ML Associates, LLC</p> <p>Mailing Address 8581 Santa Monica Blvd., #504</p> <p>City West Hollywood State CA Zip Code 90069</p> <p>Purpose of Disbursement Accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2309</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.49"/></p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ML Associates, LLC</p> <p>Mailing Address 8581 Santa Monica Blvd., #504</p> <p>City West Hollywood State CA Zip Code 90069</p> <p>Purpose of Disbursement Accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2307</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="283.23"/></p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WF Business Direct</p> <p>Mailing Address PO Box 54349</p> <p>City Los Angeles State CA Zip Code 90054-0349</p> <p>Purpose of Disbursement Website maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2345</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.92"/></p> <p>001 Category/ Type</p>

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)
San Francisco Democratic County Central Committee

<p>A. Full Name (Last, First, Middle Initial) WF Business Direct</p> <p>Mailing Address PO Box 54349</p> <p>City Los Angeles State CA Zip Code 90054-0349</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2346</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.74"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) The Independent</p> <p>Mailing Address 628 Divisadero Street</p> <p>City San Francisco State CA Zip Code 94117</p> <p>Purpose of Disbursement Print ad 'Progressive Party Victory'</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2526</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Category/Type: <input type="text" value="004"/></p>
<p>C. Full Name (Last, First, Middle Initial) State Compensation Insurance Fund</p> <p>Mailing Address 303 Second Street, Suite 600 South</p> <p>City San Francisco State CA Zip Code 94107</p> <p>Purpose of Disbursement Workers Compensation Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2520</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="472.39"/></p> <p>Category/Type: <input type="text" value="001"/></p>

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)
San Francisco Democratic County Central Committee

<p>A. Full Name (Last, First, Middle Initial) Employment Development Department</p> <p>Mailing Address PO Box 826276</p> <p>City Sacramento State CA Zip Code 94230-6276</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2507</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.67"/></p>
<p>B. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Ogden Service Center</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2508</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="494.92"/></p>
<p>C. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Ogden Service Center</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.2509</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="563.59"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)
San Francisco Democratic County Central Committee

A.	Full Name (Last, First, Middle Initial) ML Associates, LLC Mailing Address 8581 Santa Monica Blvd., #504 City West Hollywood State CA Zip Code 90069 Purpose of Disbursement Accounting services 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: EXP.B.2521 Date of Disbursement 12 / 30 / 2008 Amount of Each Disbursement this Period 347.20 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Emily Lowe Mailing Address 2424 Fulton St. City San Francisco State CA Zip Code 94118 Purpose of Disbursement Salary 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: EXP.B.2510 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 1200.79 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Priscilla Zamora Mailing Address 267 Via Elevado City San Lorenzo State CA Zip Code 94580 Purpose of Disbursement Salary 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: EXP.B.2511 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 433.75 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1981.74

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

5575.10

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

A.	Full Name (Last, First, Middle Initial) Emily Lowe Mailing Address 2424 Fulton St. City San Francisco State CA Zip Code 94118 Purpose of Disbursement Salary 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: EXP.B.2318 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 1200.81
B.	Full Name (Last, First, Middle Initial) Priscilla Zamora Mailing Address 267 Via Elevado City San Lorenzo State CA Zip Code 94580 Purpose of Disbursement Salary 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: EXP.B.2319 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 433.75
C.	Full Name (Last, First, Middle Initial) Employment Development Department Mailing Address PO Box 826276 City Sacramento State CA Zip Code 94230-6276 Purpose of Disbursement Payroll tax 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: EXP.B.2343 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 8	Amount of Each Disbursement this Period 37.67

SUBTOTAL of Disbursements This Page (optional)	1672.23
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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
San Francisco Democratic County Central Committee

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: EXP.B.2344 Date of Disbursement
	Mailing Address Ogden Service Center	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll tax Candidate Name	<input type="text" value="390.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.2342 Date of Disbursement
	Mailing Address 2424 Fulton St.	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City San Francisco State CA Zip Code 94118	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1200.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE D (FEC Form 3X)

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)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Accurate Printing	Nature of Debt (Purpose): FALL08: Invitations
Mailing Address 760 Bryant Street	
City State ZIP Code San Francisco CA 94107	

Outstanding Balance Beginning This Period 1171.80	Transaction ID: PAY:D:2330	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1171.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting services
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:2522	
Amount Incurred This Period 304.26	Payment This Period 0.00	Outstanding Balance at Close of This Period 304.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Melanie Nutter	Nature of Debt (Purpose): FALL08: Awards, supplies for event
Mailing Address 517 8th Ave.	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 1341.96	Transaction ID: PAY:D:2517	
Amount Incurred This Period 0.00	Payment This Period 1341.96	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	1476.06
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 / 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RadicalDesigns	Nature of Debt (Purpose): Website maintenance
Mailing Address 1370 Mission St., 4th Floor	
City State ZIP Code San Francisco CA 94103	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: PAY:D:2531	
Amount Incurred This Period <input type="text" value="2250.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stearns Consulting	Nature of Debt (Purpose): Doorhanger distributed to democratic households
Mailing Address 174 Ripley Street	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period <input type="text" value="5726.43"/>	Transaction ID: PAY:D:2325	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5726.43"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stearns Consulting	Nature of Debt (Purpose): Doorhanger distributed to democratic households
Mailing Address 174 Ripley Street	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period <input type="text" value="5726.43"/>	Transaction ID: PAY:D:2327	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5726.43"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="13702.86"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

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)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stearns Consulting	Nature of Debt (Purpose): Doorhanger distributed to democratic households
Mailing Address 174 Ripley Street	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 7154.29	Transaction ID: PAY:D:2328	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7154.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stearns Consulting	Nature of Debt (Purpose): Doorhanger distributed to democratic households
Mailing Address 174 Ripley Street	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 7154.29	Transaction ID: PAY:D:2329	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7154.29

1) SUBTOTALS This Period This Page (optional).....	14308.58
2) TOTALS This Period (last page this line number only).....	29487.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	29487.50

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 San Francisco Democratic County Central Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
San Francisco Demo Cnty Central Com	M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	3171.58

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1558.80	Transaction ID: INC:H3AD:2532
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) FALL08	1612.78	Transaction ID: INC:H3DF:2532
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising	1612.78	
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	1558.80
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	1612.78
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	3171.58

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial) SBC/AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Payment Center			Allocated Activity or Event Year-To-Date 24568.63	
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>	
Sacramento	CA	95887-0001	Transaction ID: EXP:H4:2340	
Purpose of Disbursement: Telephone service			Category/Type 001	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.90		138.59		192.49

B. Full Name (Last, First, Middle Initial) Stock Exchange Tower Associates			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 155 Sansome Street, Suite 850			Allocated Activity or Event Year-To-Date 24568.63	
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>	
San Francisco	CA	94104	Transaction ID: EXP:H4:2525	
Purpose of Disbursement: Rent			Category/Type 001	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
280.00		720.00		1000.00

C. Full Name (Last, First, Middle Initial) Melanie Nutter			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 517 8th Ave.			Allocated Activity or Event Year-To-Date 35639.40	
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>	
San Francisco	CA	94118	Transaction ID: PAY:H4:2518	
Purpose of Disbursement: Awards, supplies for event			Category/Type 003	
Activity or Event Identifier: FALL08				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
469.69		872.27		1341.96

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
803.59		1730.86		2534.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
803.59		1730.86		2534.45