

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 10 11 20 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

C00276659 120577 P 266  
LLOYD M ABBOTT JR  
SAN LUIS OBISPO COUNTY DEMOCRA  
TIC CENTRAL COM  
PO BOX 15155  
SAN LUIS OBISPO CA 93401

2. FEC IDENTIFICATION NUMBER  
**C00276659**  
3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7-1-97</u> through <u>12-31-97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 33
(b) Cash on Hand at Beginning of Reporting Period	\$ 673	
(c) Total Receipts (from Line 19)	\$ 10493	\$ 17360
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11166	\$ 17393
7. Total Disbursements (from Line 30)	\$ 7229	\$ 13456
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3937	\$ 3937
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20469 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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: Lloyd M. Abbott, Jr

Signature of Treasurer: [Signature] Date: 5 Feb 98

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 8X

(revised 1/1/81)

NAME OF COMMITTEE

**SAN LUIS OBISPO COUNTY  
DEMOCRATIC CENTRAL COMMITTEE**

REPORT COVERING PERIOD

FROM 7-1-97 TO 12-31-97

	COLUMN A Total/Fiscal Period	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1574	2261	11(d)
ii. Unitemized	8569	14048	11(e)
iii. Total (add i and ii) >	10143	16309	11(f)
b. Political Party Committees			11(g)
c. Other Political Committees (such as PACs)			11(h)
d. Total Contributions (add a ii, b and c) >	10143	16309	11(i)
12. Transfers From Affiliated/Other Party Committees	350	1051	12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10493	17360	19
20. Total Federal Receipts (subtract line 16 from line 19) >	10493	17360	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	5730	11729	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	5730	11729	21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >	1499	1727	28(d)
29. Other Disbursements	7227	13456	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7229	13456	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	10143	16309	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	10143	16309	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	5730	11729	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	5730	11729	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

119/10

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 LUIS OBISPO COUNTY  
DEMOCRATIC CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALEXANDER, William & Ann 30 El Mirador SLO CA 93401		11/28	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BROWN, Wendy & John 1865 Wilding Lane SLO CA 93401	Self	12/22	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
COATS, Bill & Jane P.O. Box 1314 Cambria CA 93428		8/12	35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	12/22	200
	Aggregate Year-to-Date > \$ 335		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
COOPER, Allan 756 Broad St SLO CA 93401	Cal Poly State Univ.	7/1	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor	8/22	22
	9/11	12	
	Aggregate Year-to-Date > \$ 334		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GATES, Dorothy 55 Broad St Apt 11 SLO CA 93405		11/28	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HERBEL, Gary & Shirley 583 Princeton Pl SLO CA 93405		9/11	24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	12/11	100
	Aggregate Year-to-Date > \$ 224		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOUGBATE-WEST, Torre Lawrence 1349 Mill St SLO CA 93401	Cal Poly State Univ.	8/22	10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professors	9/11	24
	Aggregate Year-to-Date > \$ 232		

SUBTOTAL of Receipts This Page (optional)

827

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11(9)(6)

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NAME OF COMMITTEE (in Full) **SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUNTINGTON, Katherine 470 Wellington Cambria CA 93428	Retired	12/11	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JENKINS, Starr & Stella 285 Buena Vista SLO CA 93405	Retired	12/11	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, Alta & Elmer 3350 Edgewood Dr SLO CA 93401	Retired	11/28	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, Allan & Evelyn 1861 Wilding SLO CA 93401	Retired	12/11	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MUNSON, Marcia 440 Los Osos Valley Rd LOS OSOS CA 93402	Retired	8/22 9/11	10 12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 251		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMSON, William 970 Hillcrest Cambria CA 93428	Retired	8/12 8/22	100 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WOLFE, Paul & Marion 3128 Springs Ct SLO CA 93401	Cal Poly State Lead	12/11	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor Aggregate Year-to-Date > \$ 200		

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

747

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

1574

**SCHEDULE A**

**ITEMIZED RECEIPTS**

*TRANSFERS FROM OTHER PARTY COMMITTEE*

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

PAGE 1 OF 1  
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

**SAN LUIS OBISPO COUNTY  
DEMOCRATIC CENTRAL COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>So County Democratic Club PO BOX 516 Nipomo CA 93444</i>		<i>7/8</i>	<i>150</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>7/8</i>	<i>200</i>
Aggregate Year-to-Date > \$ <i>350</i>			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

*350*

TOTAL This Period (last page this line number only)

*350*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Goodfield Corp PO BOX 1117 Summerland CA 93067	Office Rent & Supplemental Gas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly payments total	3403
Pacific Bell 140 New Montgomery San Francisco CA 94185	Office Phone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly	328
Pacific Gas & Electric 406 Highways St SLO CA 93401	Electricity Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly	240
AMK Foodservice Co 830 Capitol Way SLO CA 93401	Food for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1	366
SMART & Final 277 Highways St SLO CA 93401	Food & Supplies for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1	252
Business Improvement Assoc 1108 Garden St Suite 209 SLO CA 93401	Fee for Booth Space Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	weekly fee 20 wks Jul-Dec	200
US Postal Service 1655 Calido Drive SLO CA 93401	Office Post & misc ① Newspaper pstg Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	① ②	363 365
Calif. Democratic Party 9200 Sunset Blvd Suite 415 Los Angeles CA 90069	Liability Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9	213
L. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	5730
<b>TOTAL This Period (last page this line number only)</b> .....	5730

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2-5-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>Jep</i>	 2-10-98
PREPARER	DATE PREPARED