

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION FORM 3X-3

FEB 10 11 19 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

000276659 060297 P 250
CHARLES W. MAAS *Lloyd M. Abbott, Jr*
 SAN LUIS OBISPO COUNTY DEMOCRATIC
 TIC CENTRAL COM
 PO BOX 15155
 SAN LUIS OBISPO CA 93406

2. FEC IDENTIFICATION NUMBER
000276659
 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
6. Covering Period	<u>1-1-97</u> through <u>6-30-97</u>		
8. (a) Cash on Hand January 1, 19 <u>97</u>			\$ <u>33</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>33</u>	
(c) Total Receipts (from Line 18)		\$ <u>6867</u>	\$ <u>6867</u>
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)		\$ <u>6900</u>	\$ <u>6900</u>
7. Total Disbursements (from Line 30)		\$ <u>6227</u>	\$ <u>6227</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))		\$ <u>673</u>	\$ <u>673</u>
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 20463 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		<u>LLOYD M. ABBOTT, JR.</u>	
Signature of Treasurer		<i>Lloyd M. Abbott, Jr.</i>	
		Date <u>5 FEB 98</u>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 28**

(revised 1/1/91)

NAME OF COMMITTEE SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE		REPORT COVERING PERIOD FROM 1-1-97 TO: 6-30-97	
Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		687	687
ii. Unitemized		5479	5479
iii. Total	(add i and ii) >		
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	6166	6166
12. Transfers From Affiliated/Other Party Committees		701	701
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6867	6867
20. Total Federal Receipts	(subtract line 18 from line 19) >	6867	6867
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		5999	5999
c. Total Operating Expenditures	(add a i, a ii, and b) >	5999	5999
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >		
29. Other Disbursements		228	228
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6227	6227
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	6227	6227
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		6166	6166
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		6166	6166
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	5999	5999
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >	5999	5999

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(A)(i)

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 COOPER, ALLAN 756 BROAD ST SAN LUIS OBISPO CA 93401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CAL POLY Occupation PROFESSOR Aggregate Year-to-Date > \$	Date (month, day, year) 2/4 6/10 200	Amount of Each Receipt this Period 100 100
B. Full Name, Mailing Address and ZIP Code HOULGATE-WEST, TORBE, C B HOULGATE, LAURENCE D 1344 MILL ST SAN LUIS OBISPO CA 93401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CAL POLY Occupation PROFESSORS Aggregate Year-to-Date > \$	Date (month, day, year) 2/4 2/4 6/10 248	Amount of Each Receipt this Period 100 48 100
C. Full Name, Mailing Address and ZIP Code MUNSON, MARCIA L 440 LOS OSOS VALLEY ROAD LOS OSOS CA 93402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$	Date (month, day, year) 1/10 2/4 6/10 6/10 239	Amount of Each Receipt this Period 100 24 100 15
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	687
TOTAL This Period (last page this line number only)	687

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

TRANSFERS FROM OTHER PARTY COMM.

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
ATASCADERO DEMOCRATIC CLUB P.O. BOX 1211 ATASCADERO CA 93423		3/21 4/23	100 150
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMBRIA DEMOCRATIC CLUB P.O. BOX 478 CAMBRIA CA 93428		6/10	100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELMORO DEMOCRATIC CLUB P.O. BOX 6032 LOS OSOS CA 93412		3/21	150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 150	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PASO ROBLES DEMOCRATIC CLUB PO BOX 1074 PASO ROBLES CA 93447		3/21 4/11	51 150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 201	
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)

701

TOTAL This Period (last page this line number only)

701

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 210

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
Dervell's Mini Storage 3650 Broad St SLO CA 93401	Office Storage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly payments	210
Goodfield Corporation PO Box 1117 Summerland CA 93067	Office Rent & Gas Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly payments	3469
Mid-State Fair PO Box 8 Paso Robles CA 93447	Fair Booth Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13 3/27	200 550
Pacific Bell 140 West Montgomery San Francisco CA 93105	Office Phone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly	304
Pacific Gas & Electric 406 Higuera San Luis Obispo CA 93401	Office Electricity Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly	225
SLO County Newspapers 3825 S. Higuera San Luis Obispo CA 93401	Newspaper Print Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3 2/25 4/8	107 109 38
US Post Office 1655 Daffodil Drive San Luis Obispo CA 93401	Office Postage Newspaper Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	① ②	251 536
H. 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)		
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)		

SUBTOTAL of Disbursements This Page (optional)

5999

TOTAL This Period (last page this line number only)

5999

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 <i>2-5-98</i>
<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>JEH</i> PREPARER	<i>2-10-98</i> DATE PREPARED