

# 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 01 01 2010 through 03 31 2010

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 04 14 2010

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									
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**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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		4945.06
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	4945.06									
(c) Total Receipts (from Line 19) .....	22358.92	22358.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27303.98	27303.98								
7. Total Disbursements (from Line 31) .....	22572.21	22572.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4731.77	4731.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	12446.09									

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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	6500.00	6500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6500.00	6500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6500.00	6500.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	15858.92	15858.92
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	15858.92	15858.92
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22358.92	22358.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6500.00	6500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	7913.67	7913.67
(b) Other Federal Operating Expenditures.....	14658.54	14658.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22572.21	22572.21
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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22572.21	22572.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14658.54	14658.54

**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 .....	6500.00	6500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6500.00	6500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14658.54	14658.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14658.54	14658.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

**A.**

Full Name (Last, First, Middle Initial)  
J. Allen Kibler

Mailing Address 1155 Lea Dr.

City Roswell State GA Zip Code 30076

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

Name of Employer MacTec Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2010

Transaction ID: INC.A.3817

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann Massey

Mailing Address 1100 Vintage Club Drive

City Duluth State GA Zip Code 37752

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

Name of Employer Mactec Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2010

Transaction ID: INC.A.3779

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard E. Stewart

Mailing Address 550 Davis St., #29

City San Francisco State CA Zip Code 94111

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 22 / 2010

Transaction ID: INC.A.3816

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**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 / 30	
	(check only one)			
<input checked="" 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 type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald Zimmer		Date of Receipt	
	Mailing Address 11128 Berlitsum Lane		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> INC.A.3778
	Woodstock	IL	60098	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer Mactec		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	6500.00

### 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)  
San Francisco Democratic County Central Committee

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: EXP.B.3803 Date of Disbursement 01 / 27 / 2010
	Mailing Address      Payment Center	
	City      State      Zip Code Sacramento      CA      95887-0001	Amount of Each Disbursement this Period 286.48
	Purpose of Disbursement Telephone Expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State:      District:	

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: EXP.B.3804 Date of Disbursement 02 / 16 / 2010
	Mailing Address      Payment Center	
	City      State      Zip Code Sacramento      CA      95887-0001	Amount of Each Disbursement this Period 295.54
	Purpose of Disbursement Telephone Expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State:      District:	

C.	Full Name (Last, First, Middle Initial) Geraldine Mary Crowley	Transaction ID: EXP.B.3785 Date of Disbursement 02 / 01 / 2010
	Mailing Address      7 Fielding Street	
	City      State      Zip Code San Francisco      CA      94133	Amount of Each Disbursement this Period 461.75
	Purpose of Disbursement Salary	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State:      District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1043.77
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Geraldine Mary Crowley  Mailing Address 7 Fielding Street  City San Francisco State CA Zip Code 94133  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.3786 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0  Amount of Each Disbursement this Period 461.75  001 Category/ Type
B.	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 Expense 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.3799 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0  Amount of Each Disbursement this Period 43.13  001 Category/ Type
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 Expense 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.3800 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 43.13  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	548.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
Employment Development Department

Mailing Address PO Box 826276

City Sacramento State CA Zip Code 94230-6276

Purpose of Disbursement  
Payroll Tax Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** EXP.B.3801  
Date of Disbursement

/

Amount of Each Disbursement this Period

**B.** 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 Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** EXP.B.3802  
Date of Disbursement

/

Amount of Each Disbursement this Period

**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 Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** EXP.B.3808  
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 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Intercontinental Mark Hopkins</p> <p>Mailing Address    Number One Nob Hill</p>	<p><b>Transaction ID:</b> EXP.B.3838</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>1</td><td>5</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	D	D	Y	Y	Y	Y	0	3	1	5	2	0	1	0
	M	M	D	D	Y	Y	Y	Y											
0	3	1	5	2	0	1	0												
<p>City                                    State                                    Zip Code</p> <p>San Francisco                        CA                                    94108</p> <p>Purpose of Disbursement</p> <table border="1"> <tr> <td>003</td> </tr> </table> <p>Candidate Name</p> <p>Office Sought:    <input type="checkbox"/> House                                    Disbursement For:    <input type="checkbox"/> Primary    <input type="checkbox"/> General</p> <p>                          <input type="checkbox"/> Senate                                    <input type="checkbox"/> Other (specify) ▼</p> <p>                          <input type="checkbox"/> President</p> <p>State:                        District:</p>			003																
003																			

Amount of Each Disbursement this Period

3000.00
---------

<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address    Ogden Service Center</p>	<p><b>Transaction ID:</b> EXP.B.3787</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>1</td><td>5</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	D	D	Y	Y	Y	Y	0	1	1	5	2	0	1	0
	M	M	D	D	Y	Y	Y	Y											
0	1	1	5	2	0	1	0												
<p>City                                    State                                    Zip Code</p> <p>Ogden                                    UT                                    84201</p> <p>Purpose of Disbursement</p> <table border="1"> <tr> <td>001</td> </tr> </table> <p>Candidate Name</p> <p>Office Sought:    <input type="checkbox"/> House                                    Disbursement For:    <input type="checkbox"/> Primary    <input type="checkbox"/> General</p> <p>                          <input type="checkbox"/> Senate                                    <input type="checkbox"/> Other (specify) ▼</p> <p>                          <input type="checkbox"/> President</p> <p>State:                        District:</p>			001																
001																			

Amount of Each Disbursement this Period

374.40
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<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address    Ogden Service Center</p>	<p><b>Transaction ID:</b> EXP.B.3788</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>1</td><td>5</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	D	D	Y	Y	Y	Y	0	1	1	5	2	0	1	0
	M	M	D	D	Y	Y	Y	Y											
0	1	1	5	2	0	1	0												
<p>City                                    State                                    Zip Code</p> <p>Ogden                                    UT                                    84201</p> <p>Purpose of Disbursement</p> <table border="1"> <tr> <td>001</td> </tr> </table> <p>Candidate Name</p> <p>Office Sought:    <input type="checkbox"/> House                                    Disbursement For:    <input type="checkbox"/> Primary    <input type="checkbox"/> General</p> <p>                          <input type="checkbox"/> Senate                                    <input type="checkbox"/> Other (specify) ▼</p> <p>                          <input type="checkbox"/> President</p> <p>State:                        District:</p>			001																
001																			

Amount of Each Disbursement this Period

90.93
-------

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3465.33
<b>TOTAL</b> 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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address Ogden Service Center <hr/> City Ogden State UT Zip Code 84201 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.3789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 450.90
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address Ogden Service Center <hr/> City Ogden State UT Zip Code 84201 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.3790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 121.94
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address Ogden Service Center <hr/> City Ogden State UT Zip Code 84201 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.3791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 374.40
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

947.24

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Ogden Service Center  City Ogden State UT Zip Code 84201  Purpose of Disbursement Payroll Taxes 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.3792 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period  90.93
<b>B.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Ogden Service Center  City Ogden State UT Zip Code 84201  Purpose of Disbursement Payroll Taxes 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.3793 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period  450.90
<b>C.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Ogden Service Center  City Ogden State UT Zip Code 84201  Purpose of Disbursement Payroll Taxes 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.3794 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period  121.93

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

663.76

**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><b>A.</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 Expense</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><b>Transaction ID:</b> EXP.B.3809</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="374.40"/></p>
<p><b>B.</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 Expense</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><b>Transaction ID:</b> EXP.B.3810</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.27"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Emily Lowe</p> <p>Mailing Address 2424 Fulton St.</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> EXP.B.3780</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1211.34"/></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

A.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.3781 Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 2424 Fulton St.	Amount of Each Disbursement this Period 1211.34
	City San Francisco State CA Zip Code 94118	
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.3782 Date of Disbursement MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 2424 Fulton St.	Amount of Each Disbursement this Period 1211.34
	City San Francisco State CA Zip Code 94118	
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.3783 Date of Disbursement MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 2424 Fulton St.	Amount of Each Disbursement this Period 1211.34
	City San Francisco State CA Zip Code 94118	
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3634.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 30

<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

<b>A.</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) ▼	<b>Transaction ID:</b> EXP.B.3784 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0  <b>Amount of Each Disbursement this Period</b> 1211.34  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) State Compensation Insurance Fund  Mailing Address 303 Second Street, Suite 600 South  City San Francisco State CA Zip Code 94107  Purpose of Disbursement Workers Compensation Insurance Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.3806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 0  <b>Amount of Each Disbursement this Period</b> 83.42  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Stock Exchange Tower Associates  Mailing Address 155 Sansome Street, Suite 850  City San Francisco State CA Zip Code 94104  Purpose of Disbursement Rent Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.3805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0  <b>Amount of Each Disbursement this Period</b> 1120.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2414.76
<b>TOTAL</b> This Period (last page this line number only) .....	14502.29



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 / 30
	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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="1981.36"/>	<b>Transaction ID: PAY:D:3751</b>	
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="1981.36"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="7.00"/>	<b>Transaction ID: PAY:D:3752</b>	
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="7.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="445.31"/>	<b>Transaction ID: PAY:D:3753</b>	
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="445.31"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2433.67"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 494.00	<b>Transaction ID: PAY:D:3754</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 494.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 2265.83	<b>Transaction ID: PAY:D:3755</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2265.83

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 1453.85	<b>Transaction ID: PAY:D:3756</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1453.85

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>4213.68</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 651.81	<b>Transaction ID: PAY:D:3757</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 651.81

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 136.00	<b>Transaction ID: PAY:D:3758</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 136.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 399.10	<b>Transaction ID: PAY:D:3759</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 399.10

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1186.91</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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	<b>Transaction ID: PAY:D:2329</b>	
Amount Incurred This Period 0.00	Payment This Period 3577.15	Outstanding Balance at Close of This Period 3577.14

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): USPS
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 8.23	<b>Transaction ID: PAY:D:3731</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8.23

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Constant Contact
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 80.00	<b>Transaction ID: PAY:D:3732</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	3665.37
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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 21 / 30
	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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Softerware Incorporated
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 203.46	<b>Transaction ID: PAY:D:3733</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 203.46

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Patrick and Company
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 5.68	<b>Transaction ID: PAY:D:3734</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.68

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Staples
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:3738</b>	
Amount Incurred This Period 36.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 36.11

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	245.25
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Wells Fargo Bank			Nature of Debt (Purpose): Softerware Incorporated: Software
Mailing Address 8571 Santa Monica Blvd.			
City	State	ZIP Code	
West Hollywood	CA	90069	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:3739</b>	
Amount Incurred This Period <input type="text" value="203.46"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="203.46"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Wells Fargo Bank			Nature of Debt (Purpose): The UPS Store
Mailing Address 8571 Santa Monica Blvd.			
City	State	ZIP Code	
West Hollywood	CA	90069	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:3740</b>	
Amount Incurred This Period <input type="text" value="399.99"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="399.99"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Wells Fargo Bank			Nature of Debt (Purpose): Fedex
Mailing Address 8571 Santa Monica Blvd.			
City	State	ZIP Code	
West Hollywood	CA	90069	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:3741</b>	
Amount Incurred This Period <input type="text" value="8.47"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8.47"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="611.92"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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)	PAGE 23 / 30
	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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Constant Contact
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:3742</b>	
Amount Incurred This Period 80.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Finance Charge
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:3743</b>	
Amount Incurred This Period 9.29	Payment This Period 0.00	Outstanding Balance at Close of This Period 9.29

1) <b>SUBTOTALS</b> This Period This Page (optional).....	89.29
2) <b>TOTALS</b> This Period (last page this line number only).....	12446.09
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	12446.09

**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 San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 7505.22
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BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	1377.76	Transaction ID: INC:H3AD:3730
<b>ii) Generic Voter Drive</b> .....	6127.46	Transaction ID: INC:H3GV:3730
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	



**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 San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 2261.49
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	884.80	Transaction ID: INC:H3AD:3813
<b>ii) Generic Voter Drive</b> .....	1376.69	Transaction ID: INC:H3GV:3813
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**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 San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 4092.21
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	884.80	Transaction ID: INC:H3AD:3832
<b>ii) Generic Voter Drive</b> .....	3207.41	Transaction ID: INC:H3GV:3832
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**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 0 3 / 1 5 / 2 0 1 0	2000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....		0.00	Transaction ID: INC:H3AD:3839
<b>ii) Generic Voter Drive</b> .....			Transaction ID:
<b>iii) Exempt Activities</b> .....			Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)			
a) <u>May 6th Event</u>	2000.00		Transaction ID: INC:H3DF:3839
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		2000.00	
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....			
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)			Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	3147.36
<b>TOTAL</b> This Period (Generic Voter Drive) .....	10711.56
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	2000.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	15858.92

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 4336.52		
City Sacramento	State CA	Zip Code 95887-0001	Category/ Type 001		
Purpose of Disbursement: Telephone Expense			Date M M / D D / Y Y Y Y 03 / 26 / 2010		
Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3815		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		428.19		428.19

<b>B. Full Name (Last, First, Middle Initial)</b> State Compensation Insurance Fund			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 303 Second Street, Suite 600 South			Allocated Activity or Event Year-To-Date 4336.52		
City San Francisco	State CA	Zip Code 94107	Category/ Type 001		
Purpose of Disbursement: Worker's Comp Insurance			Date M M / D D / Y Y Y Y 03 / 30 / 2010		
Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3826		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		473.26		473.26

<b>C. Full Name (Last, First, Middle Initial)</b> State Compensation Insurance Fund			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 303 Second Street, Suite 600 South			Allocated Activity or Event Year-To-Date 4336.52		
City San Francisco	State CA	Zip Code 94107	Category/ Type 001		
Purpose of Disbursement: Worker's Comp Insurance			Date M M / D D / Y Y Y Y 03 / 30 / 2010		
Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3827		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		75.07		75.07

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		976.52		976.52

**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

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Stearns Consulting			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input checked="" 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 174 Ripley Street			Allocated Activity or Event Year-To-Date 3577.15	
City San Francisco	State CA	Zip Code 94102	Date MM / DD / YYYY 03 / 30 / 2010	
Purpose of Disbursement: Doorhanger distributed to democratic households			Category/ Type 006	Transaction ID: PAY:H4:3824
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		3577.15		3577.15

<b>B. Full Name (Last, First, Middle Initial)</b> 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 4336.52	
City San Francisco	State CA	Zip Code 94104	Date MM / DD / YYYY 01 / 07 / 2010	
Purpose of Disbursement: Rent			Category/ Type 001	Transaction ID: EXP:H4:3777
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1120.00		1120.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 4336.52	
City San Francisco	State CA	Zip Code 94104	Date MM / DD / YYYY 03 / 26 / 2010	
Purpose of Disbursement: Rent			Category/ Type 001	Transaction ID: EXP:H4:3814
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1120.00		1120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		5817.15		5817.15

**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

**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)**  
Stock Exchange Tower Associates

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Mailing Address  
155 Sansome Street, Suite 850

City	State	Zip Code	001
San Francisco	CA	94104	

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Purpose of Disbursement:  
Rent

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Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
4336.52

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

**Transaction ID:** EXP:H4:3823

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1120.00		1120.00

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**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1120.00		1120.00

**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
0.00	7913.67	7913.67