FEC FORM 3X	AN	EPORT O ID DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fi		FEC MAILING LA		ample:If typing er the lines	, type			
San Francisco Der	nocratic County	Central Committee	9             					
ADDRESS (number and	street)	581 Santa Monica	Blvd., #504					
Check if differ than previous reported. (AC	У . м	Vest Hollywood					90069	-
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCO	DE 🛋
C00392928	• • • •		3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A	MENDED )	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Elec: Report for (d) 30-Day <b>Post</b> -Ele Report for	the: Election on		12C)	Sep	12G) in the State o	Special (30S)
5. Covering Period	0 1	0 1 2 0		through	03	3 1	2010	
Type or Print Name of T		Debra Walker	,					
Signature of Treasurer	Electronically	y Filed by Debra	Walker		D	ate 04	14	2010
NOTE : Submission of	alse, erroneous	s, or incomplete info	ormation may s	ubject the pers	on signing this	s Report to the	e penalties of 2 U.	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	

Image# 10990554097

FEC Form 3X (Rev. 02/2003)

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 30

\	Write or Type Committee Name San Francisco Democratic County Central Co	ommittee	
I	Report Covering the Period: From:	0 1 Y Y Y Y 0 1 2 0 1 0	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		4945.06
	(b) Cash on Hand at Begining 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	

X 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

FE6AN026

#### Image# 10990554098

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

F	Report Covering the Period: From:		To: 03 03 0 10 10 10 10 10 10 10 10 10 10 10 10 1
	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
	<ul> <li>(c) Other Political Committees (such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	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

22358.92

6500.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

6500.00

22358.92

FE6AN026

3/30

#### Image# 10990554099

# DETAILED SUMMARY PAGE

nage# 10990554099	DETAILED SUMMARY PAGE of Disbursements	4 / 20
FEC Form 3X (Rev. 02/2003)		4 / 30
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		7040.07
(ii) Non-Federal Share		7913.67
(b) Other Federal Operating Expenditures		14658.54
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	🕨 22572.21	22572.21
22. Transfers to Affiliated/Other Party	0.00	0.00
Committees 23. Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditure		
(use Schedule E) 25. Coordinated Expenditures Made by Pa		0.00
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
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	0.00	0.00
(add Lines 28(a), (b), and (c))		
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)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Enti	rely 0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (ad	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b	)))	
31. Total Disbursements (add Lines 21(c	), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(d		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

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 30

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) from Line 11(d), page 3)</li> </ol>	6500.00	6500.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	6500.00	6500.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	14658.54	14658.54
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	14658.54	14658.54

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE N (check only of X 11a	
			Detailed Summary Page	13	
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpos solicit contribut	se of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)				
	San Francisco Democratic County Ce	entral Comm	ittee		
ے م.	Full Name (Last, First, Middle Initial) J. Allen Kibler			Date of R	leceipt
	Mailing Address 1155 Lea Dr.			0 3	<sup>/</sup> 22 <sup>/</sup> 2010
	City	State	Zip Code	Transacti	on ID: INC.A.3817
	Roswell	GA	30076	Amount o	f Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer MacTec	Occupatio Vice Pre			
	Receipt For:	Aggregat	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼		500.00	]	
– B.	Full Name (Last, First, Middle Initial) Ann Massey	1		Date of R	leceipt
	Mailing Address 1100 Vintage Club Dr	ive		0 2	0 3 Y Y Y Y Y 0 3
	City	State	Zip Code		on ID: INC.A.3779
	Duluth	GA	37752	Amount c	of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Mactec	Occupation Presider			
	Receipt For:	Aggregat	e Year-to-Date 🔻		
	Primary     General       Other (specify)     Image: Constraint of the second		500.00	]	
– C.	Full Name (Last, First, Middle Initial) Richard E. Stewart			Date of R	leceipt
	Mailing Address 550 Davis St., #29			0 3	/ D D / Y Y Y Y 22 2010
	City	State	Zip Code		on ID: INC.A.3816
	San Francisco	CA	94111	Amount o	f Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			5000.00
	Name of Employer None	Occupation Retired	on		
	Receipt For:	Aggregat	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	5000.00	]	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	•		6000.00
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	TOTAL This Period (last page this line number	r only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate s for each categ Detailed Sumn	ory of the	FOR LINE NUMBER:       PAGE 7 / 30         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Star or for commercial purposes, other than using the n	tements may ame and add	y not be sold or us dress of any politic	ed by any perso al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	San Francisco Democratic County Centi	ral Commi	ttee		
Α.	Full Name (Last, First, Middle Initial) Donald Zimmer				Date of Receipt
	Mailing Address 11128 Berltsum Lane				M         M         /         D         D         Y
	City	State	Zip Code		Transaction ID: INC.A.3778
	Woodstock	IL	60098		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer	Occupatio	n		7
	Mactec	Vice Pres	sident		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼			500.00	

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	►	6500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			PA	GE 8/	30
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	<sup>7</sup> one) 22 28a	23 28b	24 28c	25 29	23
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NAME OF COMMITTEE (In Full)	ane and address of any political c					Johnnie	
San Francisco Democratic County Cent	ral Committee						
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City Sacramento	State Zip Code CA 95887-0001		Amount of	Each I	Disburse	ment this	Period
Purpose of Disbursement Telephone Expense		001				286.4	8
Candidate Name		Category/ Type					
Senate President	rsement For: Primary General Other (specify) ▼						
State: District:							
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Candidate Name		Category/ Type					
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial)			Transacti	an ID:		0705	
Geraldine Mary Crowley			Date of Di	sburse	ment		v
Mailing Address 7 Fielding Street			02	D 0	ĬĹ	²0ỉ	0
City San Francisco	State Zip Code CA 94133		Amount of	Each I	Disburse		
Purpose of Disbursement Salary		001	L			461.7	'5
Candidate Name		Category/ Type					
Senate President	rsement For: Primary General Other (specify) ▼						
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Purpose of Di Payroll Tax E	xpense			001		L.						43.13			
Candidate Na	ime		C	ategor Type	y/										
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SCHEDULE B (FEC Form 3X)	Use separate schedule		FOR LINE NUMBER: (check only one)					PAGE 12/30				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		X	21b 27	22 28a		23 28b		24 28c		25 29	23
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name												3
NAME OF COMMITTEE (In Full)	and address of any point					inout		011 3			muco	
San Francisco Democratic County Central	Committee											
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TOTAL This Period (last page this line number only)				►								

SCHED	OULE E	8 (FEC Form	3X)		arate schedule(s)				NUMBE	R:			PA	GE	13/3	30
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Candida	ate Name						atego Type									
Office S	Sought:	House Senate President District:	Disburse	ement For: Primary Other (sp	General		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	me (Last I	First, Middle Initial)							<b>T</b>					070	24	
		ue Service									on ID: isburse	ement	P.B			V
Mailing	Address	Ogden Service	e Center						0 3		Ű	<b>)</b> <sup>D</sup> <sup>/</sup>	Ľ	Ź	ΟĺΟ	)
City Ogder	l			State UT	Zip Code 84201				Amou	unt o	f Each	Disbu	ırser	nent	t this F	Period
Purpose Payroll	e of Disbu Taxes	rsement				Γ	001		L.					12	21.93	
Candida	ate Name						atego Type	ory/								
Office S	Sought:	House Senate President	Disburse	ement For: Primary Other (sp	General ecify) <b>V</b>											
State:		District:							_							
SUBTOT	AL of Disb	ursements This Pag	je (optional)					•						66	63.76	
TOTAL T	his Period	(last page this line r	umber only	)				►								
FECANOOC				,				-					-			

ITEMIZED DISBURSEMENTS       Displantal solution(a) for each category of the Detailed Summary Page       (check only one)       (check only one)       (check only one)         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         San Francisco Democratic County Central Committee       Transaction ID: EXP.B.3809 Date of Disbursement         Mailing Address       Ogden Service Center       001         City       State       Zip Code         Qadden       UT       84201         Purpose of Disbursement Payroll Tax Expense       Disbursement For: Senate       Other (specify)         State:       Disbursement For: Senate       Disbursement For: Senate       Disbursement For: Senate         Mailing Address       Ogden Service Center       01       Category/ Type       Transaction ID: EXP.B.3810 Date of Disbursement         Mailing Address       Ogden Service Center       01       Category/ Type       Transaction ID: EXP.B.3810 Date of Disbursement         Mailing Address       Ogden UT       84201       Amount of Each Disbursement this P         City       State       Zip Code       Amount of
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         Full Name (Last, First, Middle Initial)         Internal Revenue Service         Mailing Address       Ogden Service Center         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       O01         Payroll Tax Expense       O01         Candidate Name       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Transaction ID: EXP.B.3810         Internal Revenue Service       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Transaction ID: EXP.B.3810         Internal Revenue Service       Transaction ID: EXP.B.3810         Mailing Address       Ogden Service Center         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       O1       01         Ogden       UT       84201         Purp
NAME OF COMMITTEE (In Full)         San Francisco Democratic County Central Committee         Full Name (Last, First, Middle Initial)         Internal Revenue Service         Mailing Address       Ogden Service Center         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Internal Revenue Service         Internal Revenue Service       Disbursement For:         Senate       Primary         General       Other (specify)         Full Name (Last, First, Middle Initial)       Internal Revenue Service         Internal Revenue Service       Mailing Address         Ogden       UT         84201       Purpose of Disbursement         Ø.3 ^ / 0 15 / 2 0 10         City       State         Ogden       UT         84201       Purpose of Disbursement         Ø.3 ^ / 0 15 / 2 0 10         City       State
San Francisco Democratic County Central Committee         Full Name (Last, First, Middle Initial) Internal Revenue Service         Mailing Address       Ogden Service Center         City       State       Zip Code 84201         Purpose of Disbursement Payroll Tax Expense       001 Category/ Type         Office Sought:       House President       Disbursement For: President         State:       Disbursement For: President       General Other (specify)         Full Name (Last, First, Middle Initial) Internal Revenue Service       Disbursement For: President       Transaction ID:         Explore       Disbursement For: President       Primary       General Other (specify)       Transaction ID:         Full Name (Last, First, Middle Initial) Internal Revenue Service       Disbursement For: President       Transaction ID:       EXP.B.3810 Date of Disbursement         Mailing Address       Ogden       UT       84201       Transaction ID:       EXP.B.3810 Date of Disbursement         Mailing Address       Ogden       UT       84201       Amount of Each Disbursement this P         Ogden       UT       84201       Amount of Each Disbursement this P         Ogden       UT       84201       Amount of Each Disbursement this P         Ogden       UT       84201       Amount of Each Disbursement this P
Internal Revenue Service       Internal Revenue Service         Mailing Address       Ogden Service Center         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       Disbursement For:         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Internal Revenue Service         Mailing Address       Ogden Service Center         Mailing Address       Ogden UT         State       Zip Code         Ogden       UT         84201       Amount of Each Disbursement this P         Ogden       UT         84201       Amount of Each Disbursement this P         Ogden       UT         84201       70.27
Mailing Address       Ogden Service Center       0.3       1.5       2.010         City       State       Zip Code       Amount of Each Disbursement this P         Ogden       UT       84201       Amount of Each Disbursement this P         Purpose of Disbursement       001       Category/ Type       374.40         Office Sought:       House       Disbursement For:       Senate         President       Disbursement For:       General       Other (specify) ▼         State:       District:       Primary       General       Date of Disbursement         Full Name (Last, First, Middle Initial)       Internal Revenue Service       Mailing Address       Ogden Service Center       01       03       1.5       Ý 2.0 1.0         City       State       Zip Code       001       Amount of Each Disbursement this P         Ogden       UT       84201       Amount of Each Disbursement this P         Purpose of Disbursement       UT       84201       70.27         Purpose of Disbursement       001       Category/       70.27
Ogden       UT       84201         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       001         Candidate Name       001         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Internal Revenue Service         Mailing Address       Ogden Service Center         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       001         Purpose of Disbursement       001         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       001
Payroll Tax Expense       001         Candidate Name       001         Candidate Name       001         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Internal Revenue Service         Mailing Address       Ogden Service Center         City       State         Ogden       UT         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       001
Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓         State:       District:       ✓         Full Name (Last, First, Middle Initial)       Internal Revenue Service       Transaction ID: EXP.B.3810         Date of Disbursement       Ø3 M / D D / Y 2 0 Y 0       ✓         Mailing Address       Ogden Service Center       Ø3 M / D D / Y 2 0 Y 0         City       State Zip Code UT 84201       Amount of Each Disbursement this P         Purpose of Disbursement       Ø01       70.27         Payroll Tax Expense       Ø01       Category/
Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID:       EXP.B.3810         Internal Revenue Service       Date of Disbursement       Date of Disbursement         Mailing Address       Ogden Service Center       03 / 01 / 01         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       001
Full Name (Last, First, Middle Initial) Internal Revenue Service       Transaction ID: EXP.B.3810 Date of Disbursement         Mailing Address       Ogden Service Center       0 3 1 1 5 1 2 0 1 0         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       001
Internal Revenue Service       Internal Revenue Service         Mailing Address       Ogden Service Center         City       State       Zip Code         Ogden       UT       84201         Purpose of Disbursement       001         Payroll Tax Expense       001         Candidate Name       001
City     State     Zip Code       Ogden     UT     84201       Purpose of Disbursement     001       Payroll Tax Expense     001       Candidate Name     Category/
Ogden     UT     84201       Purpose of Disbursement     001       Payroll Tax Expense     001       Candidate Name     Category/
Payroll Tax Expense     001       Candidate Name     Category/
e a course of the second se
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼
State: District:
Full Name (Last, First, Middle Initial)     Transaction ID: EXP.B.3780       Emily Lowe     Date of Disbursement
Mailing Address 2424 Fulton St.
CityStateZip CodeAmount of Each Disbursement this PSan FranciscoCA941181011.04
Purpose of Disbursement     1211.34       Salary     001       Candidate Name     Category/
Туре
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼
State: District:
SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LII		IUMBE one)	R:			PA	GE	15 /	30
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	21b 27	Ē	22 28a		23 28b		24 28c		25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam													6
	NAME OF COMMITTEE (In Full)													
$\rangle$	San Francisco Democratic County Centra	Committee												
<u> </u>	Full Name (Last, First, Middle Initial) Emily Lowe								ion ID isburs		EXP.E	8.37	81	
	Mailing Address 2424 Fulton St.						0 <sup>™</sup> 2	М	/ D(	0 <sup>₽</sup>	/ Y	ž	0 Ì (	) <sup>×</sup>
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	Mailing Address 2424 Fulton St.						0 <sup>M</sup> 2	М	/ 0	15	/ Y	Ž	0 Å (	)
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	Senate President	ement For: Primary General Other (specify) ▼												
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	Full Name (Last, First, Middle Initial) Emily Lowe						Date		isburs	eme	EXP.E ent	-		X
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	City San Francisco	StateZip CodeCA94118					Amou	int o	f Each	n Dis	burse	Ū		
	Purpose of Disbursement Salary			00 <sup>.</sup>	1		L.					12	11.34	<b>!</b>
	Candidate Name		С	ateg Typ										
	Senate President	ement For: Primary General Other (specify) ▼												
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s	UBTOTAL of Disbursements This Page (optional)					•						363	34.02	2
т	OTAL This Period (last page this line number only)	)				•								
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: ( one)		PAG	E 16/	30
	Detailed Summary Page	X 21b 27	22 23 28a 28		24 28c	25 29	20
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full)							
San Francisco Democratic County Cen	tral Committee						
Full Name (Last, First, Middle Initial) Emily Lowe			Transaction Date of Disb			3784	
Mailing Address 2424 Fulton St.			03 <sup>//</sup>	<sup>D</sup> 15	/ Y	žo i	0 <sup>Y</sup>
City San Francisco	State Zip Code CA 94118		Amount of E	ach Dist	-		
Purpose of Disbursement Salary		001	L			1211.3	4
Candidate Name		Category/ Type					
Senate President	ursement For: Primary General Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) State Compensation Insurance Fund			Transaction Date of Disb	ursemer			X
Mailing Address 303 Second Street, S	uite 600 South		02	<sup>D</sup> 0 2	/ Y	ž01	0 <sup>Y</sup>
City San Francisco	State Zip Code CA 94107		Amount of E	ach Dist	oursem		
Purpose of Disbursement Workers Compensation Insurance Expense		001	L			83.4	2
Candidate Name		Category/ Type					
Senate President	ursement For: Primary General Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) Stock Exchange Tower Associates			Transaction Date of Disb	ursemer			V
Mailing Address 155 Sansome Street,	Suite 850		02	<sup>D</sup> 01	Ý	ž o ľ	0
City San Francisco	State Zip Code CA 94104		Amount of E	ach Dist			
Purpose of Disbursement Rent Expense		001	1120.0				0
Candidate Name		Category/ Type					
Senate President	ursement For: Primary General Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (option	nal)	····· Þ			2	414.7	6
TOTAL This Period (last page this line number c	nly)	►			14	502.2	9
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SCHEDULE D (FEC Form	n 3X)		(Use separate	PAGE 17 / 30			
DEBTS AND OBLIGATIO	-		schedule(s)	FOR LINE NUMBER:			
	0113		for each numbered line)	(check only one) 9			
Excluding Loans NAME OF COMMITTEE (In Fu	II)			X 10			
San Francisco Democratic		ommittee					
A. Full Name (Last, First, N	Niddle Initial) of Debto	r or Creditor		Debt (Purpose):			
ML Associates			Accounti	ng Services			
Mailing Address 8581 Sa	inta Monica Blvd.,	#504					
City West Hollywood	State CA	ZIP Code 90069					
Outstanding Balance Beg	inning This Period		Tra	ansaction ID: PAY:D:3751			
	1981.36						
Amount Incurred T	1 1 1	Payment This Period	Outstand	ing Ralance at Cloce of This Period			
Amount incurred i	· · · · ·		Outstand	Outstanding Balance at Close of This Period			
	0.00	0.00		1981.36			
B. Full Name (Last, First, M ML Associates	Aiddle Initial) of Debto	r or Creditor		Debt (Purpose): ng Services			
Mailing Address 8581 Sa	inta Monica Blvd.,	#504					
City West Hollywood	State CA	ZIP Code 90069					
Outstanding Balance Beg			Tra	ansaction ID: PAY:D:3752			
	7.00						
Amount Incurred T	This Period	Payment This Period	Outstand	ing Balance at Close of This Period			
Amount Incurred T	This Period	Payment This Period 0.00	Outstand	ing Balance at Close of This Period 7.00			
Amount Incurred T C. Full Name (Last, First, M ML Associates	0.00	0.00	Nature of I				
C. Full Name (Last, First, M	0.00 /iddle Initial) of Debto	0.00 r or Creditor	Nature of I	7.00 Debt (Purpose):			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City	0.00 <i>I</i> iddle Initial) of Debtor Inta Monica Blvd., State	r or Creditor #504 ZIP Code	Nature of I	7.00 Debt (Purpose):			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood	0.00 <i>I</i> iddle Initial) of Debtor Inta Monica Blvd., State CA	r or Creditor #504	Nature of I	7.00 Debt (Purpose):			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City	0.00 <i>I</i> iddle Initial) of Debtor Inta Monica Blvd., State CA	r or Creditor #504 ZIP Code	Nature of I Accounti	7.00 Debt (Purpose):			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood	0.00 <i>I</i> iddle Initial) of Debtor Inta Monica Blvd., State CA	r or Creditor #504 ZIP Code	Nature of I Accounti	7.00 Debt (Purpose): ng Services			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood	0.00 <i>I</i> iddle Initial) of Debtor Inta Monica Blvd., State CA Jinning This Period 445.31	r or Creditor #504 ZIP Code	Nature of I Accounti	7.00 Debt (Purpose): ng Services			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood Outstanding Balance Beg	0.00 <i>I</i> iddle Initial) of Debtor Inta Monica Blvd., State CA Jinning This Period 445.31	r or Creditor #504 ZIP Code 90069	Nature of I Accounti	7.00 Debt (Purpose): ng Services			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood Outstanding Balance Beg	0.00 Aiddle Initial) of Debtor anta Monica Blvd., State CA jinning This Period 445.31 This Period 0.00	0.00 r or Creditor #504 ZIP Code 90069 Payment This Period	Nature of I Accounti	7.00 Debt (Purpose): ng Services ansaction ID: PAY:D:3753 ing Balance at Close of This Period			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood Outstanding Balance Beg	0.00 Aiddle Initial) of Debtor anta Monica Blvd., State CA jinning This Period 445.31 This Period 0.00 This Page (optional).	r or Creditor #504 ZIP Code 90069 Payment This Period 0.00	Nature of I Accounti	7.00 Debt (Purpose): ng Services ansaction ID: PAY:D:3753 ing Balance at Close of This Period 445.31			
C. Full Name (Last, First, M ML Associates Mailing Address 8581 Sa City West Hollywood Outstanding Balance Beg	0.00 Aiddle Initial) of Debtor Inta Monica Blvd., State CA Jinning This Period 445.31 This Period 0.00 This Page (optional).	0.00 r or Creditor #504 ZIP Code 90069 Payment This Period 0.00	Nature of I Accounti Tra Outstand	7.00 Debt (Purpose): ng Services ansaction ID: PAY:D:3753 ing Balance at Close of This Period 445.31			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 18/30			
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:			
Excluding Loans		for each numbered line)	(check only one) 9 X 10			
NAME OF COMMITTEE (In Full)		,				
San Francisco Democratic County Central C	Committee					
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):			
ML Associates		Accountin	g Services			
Mailing Address 8581 Santa Monica Blvd.	, #504					
City State West Hollywood CA	ZIP Code 90069					
Outstanding Balance Beginning This Period		Tra	nsaction ID: PAY:D:3754			
494.00						
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period			
0.00	0.00		494.00			
<b>B.</b> Full Name (Last, First, Middle Initial) of Debte ML Associates	or or Creditor		ebt (Purpose): g Services			
Mailing Address 8581 Santa Monica Blvd.	, #504					
City State West Hollywood CA	ZIP Code 90069					
Outstanding Balance Beginning This Period		Tra	nsaction ID: PAY:D:3755			
2265.83						
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period			
0.00	0.00		2265.83			
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):			
ML Associates		Accountin	g Services			
Mailing Address 8581 Santa Monica Blvd.	, #504					
City State	ZIP Code					
West Hollywood CA	90069					
Outstanding Balance Beginning This Period		Tra	nsaction ID: PAY:D:3756			
1453.85						
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period			
0.00	0.00		1453.85			
1) SUBTOTALS This Period This Page (optional)		•	4213.68			
2) TOTALS This Period (last page this line numbe	r only)	•				
3) TOTAL OUTSTANDING LOANS from Schee	dule C (last page only)	•				
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	) •				

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 19/30		
DEBTS AND OBLIGATIONS		schedule(s)			
Excluding Loans		for each numbered line)	(check only one) 9 X 10		
NAME OF COMMITTEE (In Full)					
San Francisco Democratic County Central C	Committee				
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):		
ML Associates		Accountin	g Services		
Mailing Address 8581 Santa Monica Blvd.	, #504				
City State West Hollywood CA	ZIP Code 90069				
Outstanding Balance Beginning This Period		Tra	nsaction ID: PAY:D:3757		
651.81					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00	0.00		651.81		
B. Full Name (Last, First, Middle Initial) of Debte ML Associates	or or Creditor		ebt (Purpose): g Services		
Mailing Address 8581 Santa Monica Blvd.	, #504				
City State West Hollywood CA	ZIP Code 90069				
Outstanding Balance Beginning This Period		Tra	nsaction ID: PAY:D:3758		
136.00					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00	0.00		136.00		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):		
ML Associates			g Services		
Mailing Address 8581 Santa Monica Blvd.	, #504				
City State	ZIP Code				
West Hollywood CA	90069				
Outstanding Balance Beginning This Period		Tra	nsaction ID: PAY:D:3759		
399.10					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00	0.00	-	399.10		
1) SUBTOTALS This Period This Page (optional)			1186.91		
2) TOTALS This Period (last page this line numbe	r only)	•			
3) TOTAL OUTSTANDING LOANS from Schee	dule C (last page only)	<b>•</b>			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)				

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 20 / 30
DEBTS AND OBLIGATIONS		sch	iedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
San Francisco Democratic County Central Co	mmittee			
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor Stearns Consulting	or Creditor			ebt (Purpose): er distributed to ic households
Mailing Address 174 Ripley Street			democrati	ic nousenolds
City State San Francisco CA	ZIP Code 94102			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: PAY:D:2329
7154.29				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	3577.15			3577.14
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor Wells Fargo Bank	or Creditor		Nature of D USPS	ebt (Purpose):
Mailing Address 8571 Santa Monica Blvd.				
City State West Hollywood CA	ZIP Code 90069			
Outstanding Balance Beginning This Period			Tra	nsaction ID: PAY:D:3731
8.23				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			8.23
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor Wells Fargo Bank	or Creditor		Nature of D Constant	ebt (Purpose): Contact
Mailing Address 8571 Santa Monica Blvd.				
City State West Hollywood CA	ZIP Code 90069			
Outstanding Balance Beginning This Period			Tra	nsaction ID: PAY:D:3732
80.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			80.00
1) SUBTOTALS This Period This Page (optional)		Þ		3665.37
2) TOTALS This Period (last page this line number of	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Fo	rm 3X)		(Use	separate	PAGE 21 / 30		
DEBTS AND OBLIGATI	-		sch	edule(s)			
Excluding Loans	010			r each bered line)	(check only one) 9 X 10		
NAME OF COMMITTEE (In F	=ull)						
San Francisco Democrati	ic County Central Co	ommittee					
<b>A.</b> Full Name (Last, First, Wells Fargo Bank	Middle Initial) of Debtor	or Creditor			ebt (Purpose): e Incorporated		
Mailing Address 8571 S	Santa Monica Blvd.						
City West Hollywood	State CA	ZIP Code 90069					
Outstanding Balance Be	eginning This Period			Trai	nsaction ID: PAY:D:3733		
	203.46						
Amount Incurred	This Period	Payment This Period		Outstandir	ng Balance at Close of This Period		
	0.00	0.00		203.46			
	0.00	0.00			203.40		
<b>B.</b> Full Name (Last, First, Wells Fargo Bank	Middle Initial) of Debtor	or Creditor			ebt (Purpose): d Company		
Mailing Address 8571 S	Santa Monica Blvd.						
City West Hollywood	State CA	ZIP Code 90069					
Outstanding Balance Be	eginning This Period		Trai	nsaction ID: PAY:D:3734			
	5.68						
Amount Incurred	d This Period	Payment This Period		Outstandir	ng Balance at Close of This Period		
	0.00	0.00		5.68			
<b>C.</b> Full Name (Last, First, Wells Fargo Bank	Middle Initial) of Debtor	or Creditor		Nature of D Staples	ebt (Purpose):		
Mailing Address 8571 S	Santa Monica Blvd.						
City West Hollywood	State CA	ZIP Code 90069					
Outstanding Balance Be	eginning This Period			Trai	nsaction ID: PAY:D:3738		
	0.00						
Amount Incurred		Payment This Period		Outstandir	ng Balance at Close of This Period		
	36.11	0.00			36.11		
				1 1			
1) SUBTOTALS This Peric	od This Page (optional)		<u> </u>		245.25		
2) TOTALS This Period (las	t page this line number	only)	•				
3) TOTAL OUTSTANDING	LOANS from Schedu	le C (last page only)	•				
4) ADD 2) and 3) and carry	forward to appropriate I	ine of Summary Page (last page only	y) Þ				

	0)()				PAGE 22 / 30
SCHEDULE D (FEC Form	i 3X)			e separate	FOR LINE NUMBER:
DEBTS AND OBLIGATIO	NS			hedule(s) or each	(check only one)
Excluding Loans				bered line)	X 10
NAME OF COMMITTEE (In Full	)				
San Francisco Democratic	County Central Co	mmittee			
A. Full Name (Last, First, M	ddle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Wells Fargo Bank				Softerwar	e Incorporated:
				Sollware	
Mailing Address 8571 Sar	nta Monica Blvd.				
City	State	ZIP Code			
West Hollywood	CA	90069			
Outstanding Balance Begin	nning This Period			Tra	nsaction ID: PAY:D:3739
	0.00				
Amount Incurred T	nis Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	203.46	0.00			203.46
		0.00			200.40
B. Full Name (Last, First, M	ddle Initial) of Debtor	or Creditor			ebt (Purpose):
Wells Fargo Bank				The UPS	Store
Mailing Address 9571 Car	ta Manica Rhud			-	
Mailing Address 8571 Sar	ita monica bivo.				
City	State	ZIP Code			
West Hollywood	CA	90069			
Outstanding Balance Begin	nning This Period			Tra	nsaction ID: PAY:D:3740
	0.00				
Amount Incurred T	nis Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	399.99	0.00			399.99
C. Full Name (Last, First, M	ddle Initial) of Debtor	or Creditor			ebt (Purpose):
Wells Fargo Bank				Fedex	
Mailing Address 8571 Sar	nta Monica Blvd.			-	
City West Hollywood	State CA	ZIP Code 90069			
-				_	
Outstanding Balance Begi				Tra	nsaction ID: PAY:D:3741
	0.00				
Amount Incurred T	nis Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	8.47	0.00			8.47
			<u> </u>		
					611.92
1) SUBTOTALS This Period	his Page (optional)				011.92
2) TOTALS This Period (last page	age this line number c	nly)	1		
	-				
3) TOTAL OUTSTANDING LO	ANS from Schedu	e C (last page only)			
4) ADD 2) and 3) and carry fo	rward to appropriate li	ne of Summary Page (last page only	/) 1		

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SCHEDULE D (FEC Fo	-		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGAT	IONS		for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In San Francisco Democrat		mmittee		
A. Full Name (Last, First Wells Fargo Bank	, Middle Initial) of Debtor	or Creditor	Nature of L Constant	Debt (Purpose): Contact
Mailing Address 8571 S	Santa Monica Blvd.			
City West Hollywood	State CA	ZIP Code 90069		
Outstanding Balance B	eginning This Period		Tra	nsaction ID: PAY:D:3742
	0.00			
Amount Incurred	d This Period	Payment This Period	Outstand	ng Balance at Close of This Period
	80.00	0.00		80.00
<b>B.</b> Full Name (Last, First Wells Fargo Bank	, Middle Initial) of Debtor	Nature of E Finance (	Debt (Purpose): Charge	
Mailing Address 8571 \$	Santa Monica Blvd.			
City West Hollywood	State CA	ZIP Code 90069		
Outstanding Balance B	eginning This Period		Tra	nsaction ID: PAY:D:3743
	0.00			
Amount Incurred	d This Period	Payment This Period	Outstand	ng Balance at Close of This Period
	9.29	0.00		9.29
1) SUBTOTALS This Perio	od This Page (optional)			89.29
2) TOTALS This Period (las	st page this line number of	only)	•	12446.09
3) TOTAL OUTSTANDING	LOANS from Schedu	le C (last page only)	•	0.00
4) ADD 2) and 3) and carry	y forward to appropriate I	ine of Summary Page (last page only	) <b>&gt;</b>	12446.09

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NAME OF COMMITTEE (In Full)		
San Francisco Democratic County Central Co	ommittee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
San Francisco Demo Cnty Central Com	$ \begin{array}{c c} M & M \\ 0 & 1 \end{array} / \begin{array}{c} D & D \\ 1 & 4 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 \end{array} $	7505.22
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		1377.76 Transaction ID: INC:H3AD:3730
ii) Generic Voter Drive		6127.46 Transaction ID: INC:H3GV:3730
		Transaction ib. INC. ISCV. 3730
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event lo	dentifier)	
a)		Transaction ID:
b)	_	Transaction ID:
c) Total Amount Transferred for Direct Fundr	aising	
v) Direct Candidate Support (List of Activity	or Event Identifier)	
		Transaction ID:
a)		Transaction ID.
b)	_	Transaction ID:
c) Total Amount Transferred For Direct Can	didate Support	
vi) Public Communications Referring Only t	o Party (Made by PAC)	Transaction ID:
TOTALS	FOR BREAKDOWN OF TRANSFER RECEIV	
TOTAL This Period (Administrative)		7
TOTAL This Period (Generic Voter Drive)	. L.,,,,,,,,,	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring C	Γ	
TOTAL This Period (Total Amount Transferred)	L	

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NAME OF COMMITTEE (In Full)		
San Francisco Democratic County Central Con	nmittee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
San Francisco Demo Cnty Central Com	$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$	2261.49
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		884.80 Transaction ID: INC:H3AD:3813
		1376.69
ii) Generic Voter Drive		Transaction ID: INC:H3GV:3813
iii) Exempt Activities		
		Transaction ID:
iv) Direct Fundraising (List Activity or Event Ider	ntifier)	
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundrais	sing	
v) Direct Candidate Support (List of Activity or	Event Identifier)	
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candid	date Support	
vi) Public Communications Referring Only to I	Party (Made by PAC)	
		Transaction ID:
TOTALS FC	OR BREAKDOWN OF TRANSFER RECEIV	ED
TOTAL This Period (Administrative)		_
TOTAL This Period (Generic Voter Drive)	L	
TOTAL This Period (Exempt Activities)	······ L	<u> </u>
TOTAL This Period (Direct Fundraising)		<u> </u>
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only	y to Party)	
TOTAL This Period (Total Amount Transferred)		

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NAME OF COMMITTEE (In Full)		
San Francisco Democratic County Central Com	mittee	
NAME OF ACCOUNT San Francisco Demo	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Cnty Central Com	M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0	4092.21
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		884.80
		Transaction ID: INC:H3AD:3832
ii) Generic Voter Drive		3207.41
		Transaction ID: INC:H3GV:3832
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Iden	tifier)	Transaction ID:
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundrais	ing	
v) Direct Candidate Support (List of Activity or E	Event Identifier)	
		Turner dian ID
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candid	late Support	L
vi) Public Communications Referring Only to P	Party (Made by PAC)	
		Transaction ID:
TOTALS FC	OR BREAKDOWN OF TRANSFER RECEIV	ED
TOTAL This Period (Administrative)		
TOTAL This Devied (Conserve ) (star Drive)		1
TOTAL This Period (Generic Voter Drive)		1
TOTAL This Period (Exempt Activities)	<u></u>	
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		<u> </u>
TOTAL This Period (Public Communications Referring Only	to Party)	
TOTAL This Period (Total Amount Transferred)	L	

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PAGE 27 / 30 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)		
San Francisco Democratic County Central Com	mittee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
San Francisco Demo Cnty Central Com	$\begin{array}{c c} M & M \\ \hline 0 & 3 \end{array} / \begin{array}{c} D & D \\ \hline 1 & 5 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array}$	2000.00
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		0.00 Transaction ID: INC:H3AD:3839
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Iden	tifier)	
a) <u>May 6th Event</u>	2000.00	Transaction ID: INC:H3DF:3839
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraisi	ing	2000.00
v) Direct Candidate Support (List of Activity or E	Event Identifier)	
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candid	late Support	
vi) Public Communications Referring Only to P	Party (Made by PAC)	
	R BREAKDOWN OF TRANSFER RECEI	Transaction ID:
TOTALS FO	3147.36	
TOTAL This Period (Administrative)	3147.30	
TOTAL This Period (Generic Voter Drive)	10711.56	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		2000.00
TOTAL This Period (Direct Candidate Support)		0.00
TOTAL This Period (Public Communications Referring Only	to Party)	0.00
TOTAL This Period (Total Amount Transferred)		15858.92

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

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FEDERAL/NONFEDERAL ACTIVITY			
NAME OF COMMITTEE (In Full)			
San Francisco Democratic County Central Committee			
A. Full Name (Last, First, Middle Initial) AT&T	Type of Allocated Activity:		
Mailing Address			
Payment Center			
City State Zip Code		Public Comm (ref to party only) by PAC	
Sacramento CA 95887-0001	001	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Telephone Expense	Category/ Type	4336.52	
Activity or Event Identifier: Administrative		Date 0.3 2.6 2.0 1.0 Transaction ID: EXP:H4:3815	
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT	
0.00	428.19	428.19	
<b>B.</b> Full Name (Last, First, Middle Initial) State Compensation Insurance Fund		Type of Allocated Activity:         X       Administrative         Fundraising       Exempt	
Mailing Address		Voter Drive Direct Candidate Support	
303 Second Street, Suite 600 South		Public Comm (ref to party only) by PAC	
City State Zip Code San Francisco CA 94107	001		
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Worker's Comp Insurance	Category/ Type	4336.52	
Activity or Event Identifier: Administrative		Date 0.3 30 2010 Transaction ID: EXP:H4:3826	
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT	
0.00	473.26	473.26	
<b>C.</b> Full Name (Last, First, Middle Initial) State Compensation Insurance Fund		Type of Allocated Activity:	
Mailing Address			
303 Second Street, Suite 600 South			
City State Zip Code		Public Comm (ref to party only) by PAC	
San Francisco CA 94107	001	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Worker's Comp Insurance	Category/ Type	4336.52	
Activity or Event Identifier: Administrative	, , , , , , , , , , , , , , , , , , , ,	Date 0 3 3 0 2 0 1 0 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		
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 NONFEDERA	L SHARE	TOTAL AMOUNT	
	<u>a</u> a a •		

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

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FEDERAL/NONFEDERAL ACTIVITY		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)		
San Francisco Democratic County Central Committee		
A. Full Name (Last, First, Middle Initial) Stearns Consulting		Type of Allocated Activity:
Mailing Address		
174 Ripley Street		
City State Zip Code		Public Comm (ref to party only) by PAC
San Francisco CA 94102	006	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Doorhanger distributed to democratic households	Category/ Type	3577.15
Activity or Event Identifier:		Date 0.3 0 0 0 1 0 Transaction ID: PAY:H4:3824
FEDERAL SHARE + NONFEDER.	AL SHARE	= TOTAL AMOUNT
0.00	3577.15	3577.15
B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:
Stock Exchange Tower Associates		Administrative Eundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
155 Sansome Street, Suite 850		Public Comm (ref to party only) by PAC
City State Zip Code	001	
San Francisco CA 94104 Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
Rent	Category/ Type	4336.52
Activity or Event Identifier: Administrative	I Type	Date 0 1 0 7 2 0 1 0 Transaction ID: EXP:H4:3777
FEDERAL SHARE + NONFEDERA	AL SHARE	= TOTAL AMOUNT
0.00	1120.00	1120.00
<b>C.</b> Full Name (Last, First, Middle Initial) Stock Exchange Tower Associates		Type of Allocated Activity:
Mailing Address		
155 Sansome Street, Suite 850		
City State Zip Code		Public Comm (ref to party only) by PAC
San Francisco CA 94104	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Rent	Category/ Type	4336.52
Activity or Event Identifier: Administrative		Date 0.3 26 2010 Transaction ID: EXP:H4:3814
FEDERAL SHARE + NONFEDERAL	AL SHARE	= TOTAL AMOUNT
0.00	1120.00	1120.00
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		
FEDERAL SHARE + NONFEDER.	AL SHARE	= TOTAL AMOUNT
0.00	5817.15	5817.15
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) a FEDERAL SHARE NONFEDE	nd NonFederal shar RAL SHARE	re to 21(a)(i)) TOTAL AMOUNT

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

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				FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In F	ull)			
San Francisco Democra	atic County Cen	tral Committee		
A. Full Name (Last, Firs Stock Exchange Tov				Type of Allocated Activity:
Mailing Address 155 Sansome Street	, Suite 850			Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
San Francisco	CA	94104	001	Allocated Activity or Event Year-To-Date
Purpose of Disburseme Rent	nt:		Category/ Type	4336.52
Activity or Event Identifie Administrative	er:			Date 0 3 / 0 0 / Y Y Y Transaction ID: EXP:H4:3823
FEDERA	L 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	1120.00 1120.00			
TOTAL This Period (last page for each line only)(F	ederal share to 21(a)(i) and NonFederal share	to 21(a)(i))		
FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT		
0.00	7913.67	7913.67		