



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Charles W. Maas, Treasurer  
San Luis Obispo County  
Democratic Central Committee  
P.O. Box 15155  
San Luis Obispo, CA 93406

FEB 13 1995

Identification Number: C00276659

Reference: 30 Day Post-General Report (10/1/94-11/28/94)

Dear Mr. Maas:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please amend your report by providing the address for each disbursement itemized on Schedule B supporting Line 21(b).

-Your report discloses in-kind contributions made on behalf of federal candidates. The original payments for the goods and services have been itemized as operating expenditures and included in the total for Line 21 of the Detailed Summary Page.

For future reporting, it is recommended that the amount of such activity be subtracted from Line 21 and added to Line 23 of the Detailed Summary Page. This method of reporting would clarify for the public record the total amount of contributions to federal candidates (including in-kind contributions) by reflecting them on Line 23 of the Detailed Summary Page.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

*Debbie Manzano*

Debbie Manzano  
Reports Analyst  
Reports Analysis Division

95039084134

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Candidate (Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM  
 MAR 13 9 30 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 000276659 000294 1 200  
 CHARLES W. MANS  
 SAN LUIS OBISPO COUNTY BUREAU  
 TIC. GENERAL CON  
 PO BOX 15150  
 SAN LUIS OBISPO CA 95061

2. FEC IDENTIFICATION NUMBER  
 000276659

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on 11/8/94 in the State of CALIFORNIA

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	10-1-94 through 11-28-94		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 127
(b) Cash on Hand at Beginning of Reporting Period		\$ 2891	
(c) Total Receipts (from Line 19)		\$ 5380	\$ 21,350
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 8271	\$ 21,477
7. Total Disbursements (from Line 30)		\$ 6474	\$ 19,678
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 1797	\$ 1797
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20483  
 Toll Free 800-424-9530  
 Local 202-219-3420

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: CHARLES W. MANS

Signature of Treasurer: [Signature] Date: 3-6-95  
+2-8-94 Chen

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

95039684135

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
DANIEL J. BROWN COMMUNITY		FROM 10/1/94	TO 11/20/94
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
<b>11. Contributions (other than loans) From:</b>			
<b>a. Individual/Persons Other Than Political Committees</b>			
i. Itemized (use Schedule A) .....		124	1,765
ii. Unitemized .....		5,024	17,654
iii. Total .....		5,152	19,423
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....		5,152	19,423
<b>12. Transfers From Affiliated/Other Party Committees</b>			
13. All Loans Received .....		228	1,327
14. Loan Repayments Received .....			600
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....			
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....		5,380	21,350
20. Total Federal Receipts .....			
<b>II. Disbursements</b>			
<b>21. Operating Expenditures:</b>			
<b>a. Shared Federal/Non-Federal Activity (from Schedule H4)</b>			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....		6,474	19,078
c. Total Operating Expenditures .....		6,474	19,078
<b>22. Transfers to Affiliated/Other Party Committees</b>			
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees</b>			
<b>24. Independent Expenditures (use Schedule E)</b>			
<b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)</b>			
26. Loan Repayments Made .....			600
27. Loans Made .....			
<b>28. Refunds of Contributions To:</b>			
a. Individual/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....			
<b>29. Other Disbursements</b>			
30. Total Disbursements .....		6,474	19,678
31. Total Federal Disbursements .....			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....		5,152	19,423
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans) (subtract line 33 from 32) .....		5,152	19,423
35. Total Federal Operating Expenditures .....		6,474	19,678
36. Offsets to Operating Expenditures (from line 15) .....			
37. Net Operating Expenditures .....		6,474	19,678

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11A

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) **RAN LUIS CONTRA RACISM  
DEMOCRATIC COMMITTEE**

95039084197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BRIDIE 873 CHORRO ST 560 CA 95001	CAL PLY UNIN Occupation: Professor	11/3	18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 239		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT KRIST SEE LAST REPORT		10/24	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 318		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCIA MELROSE SEE LAST REPORT		10/24	10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 216		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	128
TOTAL This Period (last page this line number only) .....	128

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 12

TRANSFERS FROM GREEN PARTY COMMITTEE

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 JUAN GREEN PARTY  
NARRAGANSETT CENTRAL COMMITTEE

9503708108

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMARIA DEMOCRATIC CLUB PO BOX 474 CAMBRIDGE MA 02142		11/3	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LA MIRA DEMO CLUB PO BOX 6032 LAS OSES CA 93412		10/4	11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 121	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PART PEOPLE DEMO CLUB SAN LUIS REPORT		10/24	17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 227 105	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 228

TOTAL This Period (last page this line number only) 228

SCHEDULE B

ITEMIZ / DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 216

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

OPERATING EXPENSES

SAN JUAN COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GOODFIELD CORP. 928 E. CALLETERIA #3 SAN JUAN BARRANCA CA 93103	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1 11/1	530 530
B. Full Name, Mailing Address and ZIP Code PACIFIC GAS & ELECTRIC 406 HIGUERA SLO CA 93411	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25 11/11	65 63
C. Full Name, Mailing Address and ZIP Code PACIFIC BELL 142 NEW MONTGOMERY SAN FRANCISCO CA 94101	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4 11/4	134 87
D. Full Name, Mailing Address and ZIP Code POOR REMEDI PRESS 3224 Bee Bee SLO CA 93411	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11	252
E. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE PO Box 803 VENTURA CA 93401	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11	43
F. Full Name, Mailing Address and ZIP Code EMRB CONSULTANTS 979 OSOS SLO 93401	Purpose of Disbursement Feinstein Luncheon by sponsor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21 11/11	563 65
G. Full Name, Mailing Address and ZIP Code PHOENIX FOOD SERVICE 371 HENRIETTA AV LOS OROS CA 93401	Purpose of Disbursement CATERING - Feinstein Luncheon Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27	2,472
H. Full Name, Mailing Address and ZIP Code KINKO PO Box 8033 VENTURA CA 93002-8033	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21 11/3	58 253
I. Full Name, Mailing Address and ZIP Code NEW TIMES 197 SANTA RITA SLO 93405	Purpose of Disbursement NEWSPAPER AD - Feinstein Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4	210

SUBTOTAL of Disbursements This Page (optional)

5323

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

(Separate schedule) for each category of the Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)

OPERATING EXPENSES

RAN LUIS GONZALEZ FOR GOV  
DEMOCRATIC CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
TELEGRAM - TRIBUNE PO BOX 112 SLC 93406	NEWSPAPER AD - Feinstein	11/4 11/11	214 409
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

9505264130

SUBTOTAL of Disbursements This Page (optional)

693

TOTAL This Period (last page this line number only)

6016

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

9 5 0 3 9 6 8 4 1 3 1

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-6-95
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>Sty.</i> PREPARER	3-13-95 DATE PREPARED