

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

North County RSF Dems

ADDRESS (number and street) 810 Los Vallecitos Boulevard

Check if different than previously reported. (ACC) Suite 211

San Marcos CA 92069-1450

2. **FEC IDENTIFICATION NUMBER ▼** C00382861 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYYYY in the State of   

- (d) 30-Day **POST-Election** Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of   

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

10 / 01 / 2014 through 11 / 24 / 2014

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 Xavier Martinez

Signature of Treasurer Xavier Martinez *[Electronically Filed]* Date MM / DD / YYYYYY

12 / 04 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**North County RSF Dems**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="14794.34"/>	<input type="text" value="14794.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6369.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1998"/>	<input type="text" value="13483.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8367.03"/>	<input type="text" value="28278.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5604.06"/>	<input type="text" value="25515.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2762.97"/>	<input type="text" value="2762.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**North County RSF Dems**

Report Covering the Period: From:  /  /  To:  /  /

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).....	628	1432
(ii) Unitemized .....	1370	11876.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1998	13308.98
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1998	13308.98
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	175
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1998	13483.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1998	13483.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	3704.06	17115.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3704.06	17115.35
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1900	7400
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	1000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5604.06	25515.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5604.06	25515.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1998	13308.98
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1998	13308.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3704.06	17115.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	175
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3704.06	16940.35

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)  
**A. Tom C Brunkow**

Mailing Address 4801 Mount Armour Drive

City San Diego State CA Zip Code 92111-3922

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 ▼ **265**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : 2203-3373-c**

Amount of Each Receipt this Period  
**30**

Full Name (Last, First, Middle Initial)  
**B. Walter Carlin**

Mailing Address 14024 Rue D Azur

City Del Mar State CA Zip Code 92014-3052

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

Name of Employer self Occupation actor/writer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 13 / 2014**

**Transaction ID : 193-3349-c**

Amount of Each Receipt this Period  
**15**

Full Name (Last, First, Middle Initial)  
**C. Walter Carlin**

Mailing Address 14024 Rue D Azur

City Del Mar State CA Zip Code 92014-3052

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

Name of Employer self Occupation actor/writer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2014**

**Transaction ID : 193-3359-c**

Amount of Each Receipt this Period  
**15**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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: (check only one)	PAGE 7 OF 20
<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

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)  
**North County RSF Dems**

**A. Gordon Clanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2484 Oakridge Cove

City Del Mar	State CA	Zip Code 92014-2935
-----------------	-------------	------------------------

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

Name of Employer SDSU	Occupation PROFESSOR
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2014

**Transaction ID : 252-3353-c**

Amount of Each Receipt this Period  

15
----

**B. Gordon Clanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2484 Oakridge Cove

City Del Mar	State CA	Zip Code 92014-2935
-----------------	-------------	------------------------

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

Name of Employer SDSU	Occupation PROFESSOR
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2014

**Transaction ID : 252-3399-c**

Amount of Each Receipt this Period  

30
----

**C. Bobby Edelman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1097

City Rancho Santa Fe	State CA	Zip Code 92067-1097
-------------------------	-------------	------------------------

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

Name of Employer DFOP	Occupation Marketing
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

**Transaction ID : 1952-3367-c**

Amount of Each Receipt this Period  

15
----

Earmarked through Complete Campaigns.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)  
**A. Bobby Edelman**

Mailing Address PO Box 1097

City Rancho Santa Fe State CA Zip Code 92067-1097

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

Name of Employer DFOP Occupation Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : 1952-3392-c**

Amount of Each Receipt this Period  
**15**

Full Name (Last, First, Middle Initial)  
**B. William Harman**

Mailing Address 1837 Hill Top Lane

City Encinitas State CA Zip Code 92024-1973

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

Name of Employer Occupation The Grauer School & Scripps Health Retired Clergy: Teacher: Chaplain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : 787-3408-c**

Amount of Each Receipt this Period  
**115**

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)  
**C. William Harman**

Mailing Address 1837 Hill Top Lane

City Encinitas State CA Zip Code 92024-1973

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

Name of Employer Occupation The Grauer School & Scripps Health Retired Clergy: Teacher: Chaplain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 17 / 2014**

**Transaction ID : 787-3421-c**

Amount of Each Receipt this Period  
**-10**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

**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: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**North County RSF Dems**

**A. Maria D McEneaney**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2631

City Rancho Santa Fe State CA Zip Code 92067-2631

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

Name of Employer Maria McEneaney, Event Planne Occupation Event Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285**

Date of Receipt **10 / 16 / 2014**

**Transaction ID : 1940-3379-c**

Amount of Each Receipt this Period **30**

**B. Maria D McEneaney**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2631

City Rancho Santa Fe State CA Zip Code 92067-2631

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

Name of Employer Maria McEneaney, Event Planne Occupation Event Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285**

Date of Receipt **10 / 16 / 2014**

**Transaction ID : 1940-3380-c**

Amount of Each Receipt this Period **10**

**C. Marilee Mclean**  
Full Name (Last, First, Middle Initial)

Mailing Address 639 Santa Rosita

City Solana Beach State CA Zip Code 92075-1530

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

Name of Employer n/a Occupation not employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **215**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : 1825-3350-c**

Amount of Each Receipt this Period **15**

**SUBTOTAL** of Receipts This Page (optional)..... **55.00**

**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: (check only one)	PAGE 10 OF 20
	<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	

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)  
**North County RSF Dems**

**A. Marilee Mclean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 639 Santa Rosita  
City Solana Beach State CA Zip Code 92075-1530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation not employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **215**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : 1825-3381-c**  
Amount of Each Receipt this Period **25**

**B. Marilee Mclean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 639 Santa Rosita  
City Solana Beach State CA Zip Code 92075-1530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation not employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **215**

Date of Receipt **11 / 07 / 2014**  
**Transaction ID : 1825-3411-c**  
Amount of Each Receipt this Period **15**  
Earmarked through Complete Campaigns.

**C. Maureen Sweeney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 608 N Rios Avenue  
City Solana Beach State CA Zip Code 92075-1248  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sweeney Media Marketing Occupation Advertising Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **410**

Date of Receipt **10 / 01 / 2014**  
**Transaction ID : 1975-3346-c**  
Amount of Each Receipt this Period **130**  
Earmarked through Complete Campaigns.

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**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: (check only one)	PAGE 11 OF 20
<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

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)  
**A. Maureen Sweeney**

Mailing Address 608 N Rios Avenue

City Solana Beach State CA Zip Code 92075-1248

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

Name of Employer Sweeney Media Marketing Occupation Advertising Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : 1975-3364-c**

Amount of Each Receipt this Period **30**

Full Name (Last, First, Middle Initial)  
**B. Maureen Sweeney**

Mailing Address 608 N Rios Avenue

City Solana Beach State CA Zip Code 92075-1248

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

Name of Employer Sweeney Media Marketing Occupation Advertising Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410**

Date of Receipt **10 / 16 / 2014**

**Transaction ID : 1975-3368-c**

Amount of Each Receipt this Period **15**

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)  
**C. Susan V Wayo**

Mailing Address 544 Via de la Valle Unit E

City Solana Beach State CA Zip Code 92075

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

Name of Employer The Gendreau Group Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **323**

Date of Receipt **10 / 14 / 2014**

**Transaction ID : 2394-3351-c**

Amount of Each Receipt this Period **15**

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

**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: (check only one)	PAGE 12 OF 20
<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

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial) <b>A. Susan V Wayo</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : 2394-3365-c</b>
Mailing Address 544 Via de la Valle Unit E		Amount of Each Receipt this Period 15
City Solana Beach	State Zip Code CA 92075	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 323
Name of Employer The Gendreau Group	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan V Wayo</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : 2394-3390-c</b>
Mailing Address 544 Via de la Valle Unit E		Amount of Each Receipt this Period 1
City Solana Beach	State Zip Code CA 92075	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 323
Name of Employer The Gendreau Group	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan V Wayo</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : 2394-3402-c</b>
Mailing Address 544 Via de la Valle Unit E		Amount of Each Receipt this Period 1
City Solana Beach	State Zip Code CA 92075	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 323
Name of Employer The Gendreau Group	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 20
<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

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)  
**A. Susan V Wayo**

Mailing Address 544 Via de la Valle  
Unit E

City Solana Beach State CA Zip Code 92075

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

Name of Employer The Gendreau Group Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323**

Date of Receipt  
**11 / 05 / 2014**

**Transaction ID : 2394-3406-c**

Amount of Each Receipt this Period  
**50**

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)  
**B. Susan V Wayo**

Mailing Address 544 Via de la Valle  
Unit E

City Solana Beach State CA Zip Code 92075

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

Name of Employer The Gendreau Group Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323**

Date of Receipt  
**11 / 09 / 2014**

**Transaction ID : 2394-3412-c**

Amount of Each Receipt this Period  
**35**

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)  
**C. Susan V Wayo**

Mailing Address 544 Via de la Valle  
Unit E

City Solana Beach State CA Zip Code 92075

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

Name of Employer The Gendreau Group Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323**

Date of Receipt  
**11 / 17 / 2014**

**Transaction ID : 2394-3422-c**

Amount of Each Receipt this Period  
**1**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>86.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>628.00</b>

**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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Filing Software

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2014

Transaction ID : SB21B-64-3416-e

Amount of Each Disbursement this Period

86

Full Name (Last, First, Middle Initial)

**B. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

Transaction ID : SB21B-64-3348-e

Amount of Each Disbursement this Period

6.5

Full Name (Last, First, Middle Initial)

**C. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : SB21B-64-3418-e

Amount of Each Disbursement this Period

7.5

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

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

100.00

**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

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : SB21B-64-3369-e

Amount of Each Disbursement this Period

2.75

Full Name (Last, First, Middle Initial)

**B. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SB21B-64-3370-e

Amount of Each Disbursement this Period

1.5

Full Name (Last, First, Middle Initial)

**C. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : SB21B-64-3413-e

Amount of Each Disbursement this Period

6.05

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

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

10.30

**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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

Transaction ID : **SB21B-64-3414-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Filing Software

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-64-3438-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

Transaction ID : **SB21B-64-3415-e**

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

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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2014

Transaction ID : SB21B-64-3437-e

Amount of Each Disbursement this Period

0.05

Full Name (Last, First, Middle Initial)

**B. Lomas Santa Fe Country Club**

Mailing Address Attn: Catering  
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement  
Meeting: Venue, Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

Transaction ID : SB21B-2075-3343-e

Amount of Each Disbursement this Period

1014.77

Full Name (Last, First, Middle Initial)

**C. Lomas Santa Fe Country Club**

Mailing Address Attn: Catering  
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement  
Meeting: Food, Beverage & Venue

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SB21B-2075-3362-e

Amount of Each Disbursement this Period

969.41

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

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

1984.23

**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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)

**A. Lomas Santa Fe Country Club**

Mailing Address Attn: Catering  
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement  
Meeting: Venue, Food, & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SB21B-2075-3420-e

Amount of Each Disbursement this Period

1076.98

Full Name (Last, First, Middle Initial)

**B. Martinez & Associates, Inc.**

Mailing Address 810 Los Vallecitos Boulevard  
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement  
Professional Treasurer Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

Transaction ID : SB21B-2206-3345-e

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

**C. Martinez & Associates, Inc.**

Mailing Address 810 Los Vallecitos Boulevard  
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement  
Professional Treasurer Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

Transaction ID : SB21B-2206-3395-e

Amount of Each Disbursement this Period

200

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

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

1476.98

3684.06

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**North County RSF Dems**

Full Name (Last, First, Middle Initial)

**A. San Diego County Democratic Party**

Mailing Address 8340 Clairemont Mesa Boulevard  
Suite 105

City San Diego State CA Zip Code 92111-1320

Purpose of Disbursement  
Political Contribution: Contribution

011

Candidate Name

**San Diego County Democratic Party**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

**Transaction ID : SB23-81-3419-e**

Amount of Each Disbursement this Period

500
-----

Full Name (Last, First, Middle Initial)

**B. Scott Peters For Congress**

Mailing Address 3268 Governor Drive  
# 225

City San Diego State CA Zip Code 92122-2902

Purpose of Disbursement  
Political Contribution: Contribution

011

Candidate Name

**Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

**Transaction ID : SB23-2129-3344-e**

Amount of Each Disbursement this Period

1400
------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

1900.00
---------

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

1900.00
---------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**North County RSF Dems**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lomas Santa Fe Country Club</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Meeting: Venue, Food & Beverage
Mailing Address Attn: Catering 1505 Lomas Santa Fe Drive	
City State Zip Code Solana Beach CA 92075	

Outstanding Balance Beginning This Period <input type="text" value="1014.77"/>	<b>Transaction ID : SD10-DEBT3343</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="1014.77"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Martinez &amp; Associates, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Professional Treasurer Services
Mailing Address 810 Los Vallecitos Boulevard Suite 211	
City State Zip Code San Marcos CA 92069-1450	

Outstanding Balance Beginning This Period <input type="text" value="200"/>	<b>Transaction ID : SD10-DEBT3345</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="200"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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