

**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

PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street) ▼

PO BOX 423

☐ Check if different than previously reported. (ACC)

ROSEVILLE

CA

95678

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00433318

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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Gregory E. Sanborn

Signature of Treasurer

Gregory E. Sanborn

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE

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="2013"/>		<input type="text" value="966.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="966.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2970.65"/>	<input type="text" value="2970.65"/>
(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="3937.14"/>	<input type="text" value="3937.14"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="2950.20"/>	<input type="text" value="2950.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="986.94"/>	<input type="text" value="986.94"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



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)

Page 3

Write or Type Committee Name

PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 01 2013

To:

 M M / D D / Y Y Y Y  
 06 30 2013
**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).....

400.00

400.00

(ii) Unitemized .....

1803.90

1803.90

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2203.90

2203.90

(b) Political Party Committees .....

276.75

276.75

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

2480.65

2480.65

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

490.00

490.00

## 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).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

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

2970.65

2970.65

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

2970.65

2970.65

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2910.20	2910.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2910.20	2910.20
22. Transfers to Affiliated/Other Party Committees.....	40.00	40.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2950.20	2950.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2950.20	2950.20

**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) .....	2480.65	2480.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2480.65	2480.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2910.20	2910.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2910.20	2910.20

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Contributions to the Committee from conduit, ActBlue, totalled \$260.00 during this reporting period. Since no receipt was over \$200.00, all were reported as unitemized items under Section 11(a)(ii).

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kate Scott**

Mailing Address 2209 Sutter View Lane

City State Zip Code  
 Lincoln CA 95648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

400.00

400.00

# **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)

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☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. DEMOCRATIC STATE CENTRAL COMMITTEE OF CA - FEDERAL**

Mailing Address 1401 21ST STREET  
SUITE 200

City State Zip Code  
SACRAMENTO CA 95811

FEC ID number of contributing  
federal political committee.

**C** C00105668

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71.52

Date of Receipt

**01** / **17** / **2013**

**Transaction ID : SA11B.4714**

Amount of Each Receipt this Period

71.52

Contribution

Full Name (Last, First, Middle Initial)

## **B. DEMOCRATIC STATE CENTRAL COMMITTEE OF CA - FEDERAL**

Mailing Address 1401 21ST STREET  
SUITE 200

City State Zip Code  
SACRAMENTO CA 95811

FEC ID number of contributing  
federal political committee.

**C** C00105668

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

111.75

Date of Receipt

**01** / **17** / **2013**

**Transaction ID : SA11B.4715**

Amount of Each Receipt this Period

40.23

Contribution

Full Name (Last, First, Middle Initial)

## **C. DEMOCRATIC STATE CENTRAL COMMITTEE OF CA - FEDERAL**

Mailing Address 1401 21ST STREET  
SUITE 200

City State Zip Code  
SACRAMENTO CA 95811

FEC ID number of contributing  
federal political committee.

**C** C00105668

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.75

Date of Receipt

**04** / **24** / **2013**

**Transaction ID : SA11B.4712**

Amount of Each Receipt this Period

165.00

In-kind - Voter File, Vendor: Political Data, Inc.

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

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

276.75

276.75



# **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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. City of Lincoln**

Mailing Address | 600 Sixth Street

City State Zip Code  
 Lincoln, CA CA 95648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 25 2013

**Transaction ID : SA16.4754**

Amount of Each Receipt this Period

400.00

Room Rental Refund

Full Name (Last, First, Middle Initial)

## **B. City of Lincoln**

Mailing Address | 600 Sixth Street

City State Zip Code  
 Lincoln, CA CA 95648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 25 2013

**Transaction ID : SA16.4758**

Amount of Each Receipt this Period

90.00

Facility Refund

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

490.00

490.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. California Democratic Party**Mailing Address 1401 21st Street  
Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement  
Liability Insurance Premium

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2013

**Transaction ID : SB21B.4749**

Amount of Each Disbursement this Period

650.00
--------

Full Name (Last, First, Middle Initial)

**B. City of Lincoln**

Mailing Address | 600 Sixth Street

City Lincoln, CA State CA Zip Code 95648

Purpose of Disbursement  
Event Room Rental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

**Transaction ID : SB21B.4753**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. City of Rocklin**

Mailing Address 3970 Rocklin Road

City Rocklin State CA Zip Code 95677

Purpose of Disbursement  
Library Community Room Rental - Reimbursed Della Sharief

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2013

**Transaction ID : SB21B.4732**

Amount of Each Disbursement this Period

135.00
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Raley's**

Mailing Address 6119 Horseshoe Bar Road

City Loomis                      State CA                      Zip Code 95650

Purpose of Disbursement  
Postage & Stationary - Reimbursed Wade Smith

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                      District:

Disbursement For: 2014  
☐ Primary    ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03                      28                      2013
**Transaction ID : SB21B.4738**

Amount of Each Disbursement this Period

38.70

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Sun City Roseville Community Association**

Mailing Address 7050 Del Webb Blvd.

City Roseville                      State CA                      Zip Code 95747

Purpose of Disbursement  
Room Rental - Reimbursed Della Sharief

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                      District:

Disbursement For: 2014  
☐ Primary    ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01                      03                      2013
**Transaction ID : SB21B.4730**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. The Diablo Group**

Mailing Address 702 Windmill Court

City Concord                      State CA                      Zip Code 94518

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                      District:

Disbursement For: 2014  
☐ Primary    ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03                      03                      2013
**Transaction ID : SB21B.4727**

Amount of Each Disbursement this Period

165.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

<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

PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE

### A. The Diablo Group

001

165.00

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State:  District:

### B. The Diablo Group

MM / DD / YYYY

001

Transaction ID : SB21B.4748

165.00

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. The Diablo Group

001

Transaction ID : SB21B.4752

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State:  District:

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

495.00

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

1710.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Placer County Democratic Central Committee-State Account**

Mailing Address 2248 Longview Drive

City	State	Zip Code
Roseville	CA	95747

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2013

**Transaction ID : SB22.4743**

Amount of Each Disbursement this Period

20.00
-------

Full Name (Last, First, Middle Initial)

**B. Placer County Democratic Central Committee-State Account**

Mailing Address 2248 Longview Drive

City	State	Zip Code
Roseville	CA	95747

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2013

**Transaction ID : SB22.4744**

Amount of Each Disbursement this Period

20.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00
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40.00
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**SCHEDULE H1 (FEC Form 3X)****METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE

Transaction ID : H1.4716

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- ☒ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE 15 OF 15

NAME OF COMMITTEE (In Full)

PLACER COUNTY DEMOCRATIC CENTRAL COMMITTEE

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER Octoberfest 2013 (10/06/2013) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.4717</b>	FEDERAL % <div>100.00 %</div>	NONFEDERAL % <div>0.00 %</div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>