

**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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

ADDRESS (number and street)

901 VIA ROSITA

☐ Check if different than previously reported. (ACC)

SANTA BARBARA

CA

93110

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00399444

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

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

in the
State of

CA

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

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 JILL DEXTER

Signature of Treasurer

JILL DEXTER

[Electronically Filed]

Date

M M M /

D D D /

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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		23919.84
(b) Cash on Hand at Beginning of Reporting Period.....	36026.97	
(c) Total Receipts (from Line 19)	1309.00	39931.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37335.97	63850.84
7. Total Disbursements (from Line 31)	5509.38	32024.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31826.59	31826.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

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).....	429.00	22156.00
(ii) Unitemized	880.00	16855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1309.00	39011.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	920.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1309.00	39931.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	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))..... ▶	1309.00	39931.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1309.00	39931.00

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	3659.38	27174.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3659.38	27174.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1850.00	3850.00
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	1000.00
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)) ..	5509.38	32024.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5509.38	32024.25

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)	1309.00	39931.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1309.00	39931.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3659.38	27174.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3659.38	27174.25

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 6 OF 12

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Marty Blum

Mailing Address 2425 Calle Andalucia

City State Zip Code
 Santa Barbara CA 93109

FEC ID number of contributing
federal political committee.

C

Name of Employer

SB City College

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. JAN CLOUSE

Mailing Address 1722 PROSPECT AVE.

City State Zip Code
 SANTA BARBARA CA 93103

FEC ID number of contributing
federal political committee.

C

Name of Employer

JAN CLOUSE

Occupation

ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. JAN CLOUSE

Mailing Address 1722 PROSPECT AVE.

City State Zip Code
 SANTA BARBARA CA 93103

FEC ID number of contributing
federal political committee.

C

Name of Employer

JAN CLOUSE

Occupation

ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period

50.00

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

155.00

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)

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. JILL DEXTER

Mailing Address 901 VIA ROSITA

City

SANTA BARBARA

State

CA

Zip Code

93110

FEC ID number of contributing
federal political committee.

C

Name of Employer

JILL DEXTER

Occupation

APPAREL & FASHION PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

11 / 19 / 2014

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period

99.00

Full Name (Last, First, Middle Initial)

B. SHERRY HOLLAND

Mailing Address 221 SELROSE LN

City

SANTA BARBARA

State

CA

Zip Code

93109

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Joanne Meade Young

Mailing Address 1518 Las Positas Rd.

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 20 / 2014

Transaction ID : SA11AI.5305

Amount of Each Receipt this Period

35.00

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

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

169.00

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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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Karen Schloss Heimberg

Mailing Address 830 San Ysidro Ln

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heimberg Construction

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. DEBBIE SCHWARTZ

Mailing Address 315 A MEIGS RD STE 355

City State Zip Code
SANTA BARBARA CA 93109

FEC ID number of contributing
federal political committee.

C

Name of Employer

MESA CONSULTING

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Marian Shapiro

Mailing Address 249 Savona Ave

City State Zip Code
Goleta CA 93117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara City College

Occupation

Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period

35.00

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

105.00

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

429.00

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

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
bookkeeping

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2014
Transaction ID : SB21B.5217

Amount of Each Disbursement this Period

937.50

Full Name (Last, First, Middle Initial)

B. JILL DEXTER

Mailing Address 901 VIA ROSITA

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement
reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2014
Transaction ID : SB21B.5224

Amount of Each Disbursement this Period

459.00

Full Name (Last, First, Middle Initial)

C. Constant Contact

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement
web expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2014
Transaction ID : SB21B.5224.0

Amount of Each Disbursement this Period

459.00

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

1396.50

**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 12

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. ECHO COMMUNICATIONS

Mailing Address 924 CHAPALA ST., #D

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
utilities

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014
Transaction ID : SB21B.5232

Amount of Each Disbursement this Period

93.00

Full Name (Last, First, Middle Initial)

B. SANTA BARBARA INDEPENDENT

Mailing Address 122 W FIGUEROA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
advertisement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2014
Transaction ID : SB21B.5227

Amount of Each Disbursement this Period

1522.00

Full Name (Last, First, Middle Initial)

C. Santa Barbara Pro-Choice Coalition

Mailing Address 518 Garden Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2014
Transaction ID : SB21B.5236

Amount of Each Disbursement this Period

100.00

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

1715.00

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

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. SERVICE CENTER PRINTING

Mailing Address 810 GUTIERREZ ST

City SANTA BARBARA State CA Zip Code 93103

Purpose of Disbursement
printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : SB21B.5231

Amount of Each Disbursement this Period

100.81

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement
postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 10 2014
Transaction ID : SB21B.5234

Amount of Each Disbursement this Period

255.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

355.81

3467.31

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

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<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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOIS CAPPES

Mailing Address PO BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 23

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
10		30		2014

Transaction ID : SB23.5228

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City	State	Zip Code
THOUSAND OAKS	CA	91358

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 26

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
10		31		2014

Transaction ID : SB23.5229

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

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).....▶

1850.00

1850.00
