

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
North County Democratic Unity Political Action Coalition

ADDRESS (number and street) 425 W 5th Avenue  
Suite 205  
 Check if different than previously reported. (ACC)  
Escondido CA 92025-4843

2. **FEC IDENTIFICATION NUMBER** C00382861  
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 Quarterly 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

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 Electronically Filed by Xavier Martinez Date 04 10 2008

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**

Write or Type Committee Name  
North County Democratic Unity Political Action Coalition

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17730.32
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	17730.32									
(c) Total Receipts (from Line 19) .....	2970.00	2970.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20700.32	20700.32								
7. Total Disbursements (from Line 31) .....	3236.92	3236.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17463.40	17463.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.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**

Write or Type Committee Name  
North County Democratic Unity Political Action Coalition

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1870.00	1870.00
(i) Itemized (use Schedule A) .....	1100.00	1100.00
(ii) Unitemized .....	2970.00	2970.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2970.00	2970.00
12. Transfers From Affiliated/Other Party Committees .....	.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 Transfer (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)) .....	2970.00	2970.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2970.00	2970.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	1256.92	1256.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1256.92	1256.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1920.00	1920.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	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.....	60.00	60.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	3236.92	3236.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3236.92	3236.92

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	2970.00	2970.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2970.00	2970.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1256.92	1256.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1256.92	1256.92

**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 / 12
	<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 Democratic Unity Political Action Coalition

<b>A.</b>	Full Name (Last, First, Middle Initial) James Dooley		Date of Receipt	
	Mailing Address 1270 Olive Avenue		M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-54-454-c
	Fallbrook	CA	92028-1569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		270.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) James Dooley		Date of Receipt	
	Mailing Address 1270 Olive Avenue		M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-54-462-c
	Fallbrook	CA	92028-1569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		60.00	
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		270.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James Dooley		Date of Receipt	
	Mailing Address 1270 Olive Avenue		M M / D D / Y Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-54-472-c
	Fallbrook	CA	92028-1569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		90.00	
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<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: PAGE 7 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North County Democratic Unity Political Action Coalition

**A.** Full Name (Last, First, Middle Initial)  
James Dooley

Mailing Address 1270 Olive Avenue

City State Zip Code  
Fallbrook CA 92028-1569

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	8

**Transaction ID:** SA11AI-54-481-c

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Nick Leibham

Mailing Address PO Box 906

City State Zip Code  
Rancho Santa Fe CA 92067-0906

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

Name of Employer Occupation  
Nick Leibham, Attorney Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	8

**Transaction ID:** SA11AI-129-483-c

Amount of Each Receipt this Period  
1600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1870.00

**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

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NAME OF COMMITTEE (In Full)  
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) City Of Encinitas	Transaction ID: SB21B-287-26-V Date of Disbursement
	Mailing Address 1140 Oakcrest Park Drive	<input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Encinitas State CA Zip Code 92024-4000	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse: Street Fair Booth Rental	<input type="text" value="275.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Patsy Cutler
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: SB21B-64-463-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="01"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Software Services	<input type="text" value="75.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Patsy Cutler
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: SB21B-64-464-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="02"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Software Services	<input type="text" value="75.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Patsy Cutler
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

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NAME OF COMMITTEE (In Full)  
North County Democratic Unity Political Action Coalition

A. Complete Campaigns	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B-64-486-e																					
	Mailing Address	Date of Disbursement																					
	610 Gateway Center Way Suite K	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	3	/	2	0	0	8														
	City	State	Zip Code																				
	San Diego	CA	92102-4548																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	Computer Software	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>		75.00																			
75.00																							
	Candidate Name	001 Category/Type																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:																						

B. Complete Campaigns	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B-64-497-e																					
	Mailing Address	Date of Disbursement																					
	610 Gateway Center Way Suite K	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	9	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	9	/	2	0	0	8														
	City	State	Zip Code																				
	San Diego	CA	92102-4548																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
		<table border="1"> <tr> <td colspan="10">70.00</td> </tr> </table>		70.00																			
70.00																							
	Candidate Name	001 Category/Type																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:																						

C.	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B-100-465-e																					
	Mailing Address	Date of Disbursement																					
	467 Fulvia Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	1	3	/	2	0	0	8														
	City	State	Zip Code																				
	Encinitas	CA	92024-2146																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	Reimburse: Street Fair Booth Rental	<table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>		275.00																			
275.00																							
	Candidate Name	001 Category/Type																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	420.00
<b>TOTAL</b> 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)

PAGE 10 / 12

<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)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Joe Hudson

Mailing Address 1735 Tecalote Drive

City Fallbrook State CA Zip Code 92028-8202

Purpose of Disbursement

Reimburse: Event Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-245-487-e

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

449.94

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

449.94

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

1019.94

**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)

PAGE 11 / 12

<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)  
North County Democratic Unity Political Action Coalition

<b>A.</b> Full Name (Last, First, Middle Initial) San Diego County Democratic Party <hr/> Mailing Address 8304 Clairemont Mesa Boulevard Suite 108 <hr/> City San Diego State CA Zip Code 92111-1315 <hr/> Purpose of Disbursement Contribution Political Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-81-473-e Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2008
	Amount of Each Disbursement this Period 320.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) San Diego County Democratic Party <hr/> Mailing Address 8304 Clairemont Mesa Boulevard Suite 108 <hr/> City San Diego State CA Zip Code 92111-1315 <hr/> Purpose of Disbursement Contribution for Fundraising Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-81-484-e Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2008
	Amount of Each Disbursement this Period 1600.00 Category/Type: 011

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

1920.00

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

1920.00

# 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)

PAGE 12 / 12

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) Jon Monday	Transaction ID: SB29-28-452-e Date of Disbursement
	Mailing Address 4441 La Canada Road	<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Fallbrook State CA Zip Code 92028-8731	Amount of Each Disbursement this Period
	Purpose of Disbursement Democratic Charter Renewal	<input type="text" value="60.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="60.00"/>