

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
San Francisco Democratic County Central Committee

ADDRESS (number and street) 8581 Santa Monica Blvd., #504
West Hollywood CA 90069
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00392928
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 04 01 2006 through 06 30 2006

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 Meagan Levitan

Signature of Treasurer Electronically Filed by Meagan Levitan Date 07 12 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
San Francisco Democratic County Central Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 922.46 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 370.22 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 896.50 | 4527.90 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1266.72 | 5450.36 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 0.00 | 4183.64 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1266.72 | 1266.72 | | | | | | | | |
| 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) | 17033.11 | | | | | | | | | |

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
San Francisco Democratic County Central Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 0.00 | 500.00 |
| (i) Itemized (use Schedule A) | 0.00 | 80.00 |
| (ii) Unitemized | 0.00 | 580.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 580.00 |
| (b) Political Party Committees | 896.50 | 896.50 |
| (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) | 896.50 | 1476.50 |
| 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 | 55.70 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 2995.70 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 2995.70 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 896.50 | 4527.90 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 896.50 | 1532.20 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 782.68 |
| (ii) Non-Federal Share..... | 0.00 | 2944.37 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 206.59 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 3933.64 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 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 | 250.00 |
| (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 | 250.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 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)).. | 0.00 | 4183.64 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 0.00 | 1239.27 |

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) | 896.50 | 1476.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 896.50 | 1226.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 989.27 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 989.27 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 / 16 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input checked="" 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)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial)
California Democratic Party

Mailing Address 1401 21st Street
Suite 100

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00105668

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
896.50

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: INC:A:479

Amount of Each Receipt this Period
896.50

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 896.50 |
| TOTAL This Period (last page this line number only) | ▶ | 896.50 |

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|---------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 7 / 16 FOR LINE 13 OF FORM 3X |
|---|---------------------------------------|

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

Transaction ID: PAY:C:90

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Meagan Levitan | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 8 7th Avenue | |
| City San Francisco State CA ZIP Code 94118 | |

| | | |
|--|--|--|
| Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> | Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div> | Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> |
|--|--|--|

TERMS

| | | | | | | | | | | | | | | | | | | | | | |
|--|----------|---------------|----------|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|----------|--------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: | | | | | | | | | | | | | | | | | | |
| <table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>4</td></tr> </table> | M | M | 0 | 4 | <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>5</td></tr> </table> | D | D | 0 | 5 | <table style="font-size: small;"> <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>5</td></tr> </table> | Y | Y | Y | Y | 2 | 0 | 0 | 5 | 20051231 | 0.00 % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 5 | | | | | | | | | | | | | | | | | | |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> |
| TOTALS This Period (last page in this line only) | <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 8 / 16 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|--|-----------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena | Nature of Debt (Purpose): Rent |
| Mailing Address 1390 Market Street, Ste 818 | |
| City State ZIP Code San Francisco CA 94102 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="450.00"/> | Transaction ID: PAY:D:459 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="450.00"/> |

| | |
|--|-----------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena | Nature of Debt (Purpose): Rent |
| Mailing Address 1390 Market Street, Ste 818 | |
| City State ZIP Code San Francisco CA 94102 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="450.00"/> | Transaction ID: PAY:D:460 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="450.00"/> |

| | |
|--|-----------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena | Nature of Debt (Purpose): Rent |
| Mailing Address 1390 Market Street, Ste 818 | |
| City State ZIP Code San Francisco CA 94102 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: PAY:D:480 | |
| Amount Incurred This Period <input type="text" value="450.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="450.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1350.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 9 / 16 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|--|-----------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena | Nature of Debt (Purpose): Rent |
| Mailing Address 1390 Market Street, Ste 818 | |
| City State ZIP Code San Francisco CA 94102 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: PAY:D:481 | |
| Amount Incurred This Period <input type="text" value="450.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="450.00"/> |

| | |
|--|-----------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena | Nature of Debt (Purpose): Rent |
| Mailing Address 1390 Market Street, Ste 818 | |
| City State ZIP Code San Francisco CA 94102 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: PAY:D:482 | |
| Amount Incurred This Period <input type="text" value="450.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="450.00"/> |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dan Dunnigan | Nature of Debt (Purpose): Supplies for voter reg |
| Mailing Address 1368 45th Street | |
| City State ZIP Code San Francisco CA 94122 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="958.00"/> | Transaction ID: PAY:D:475 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="958.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1858.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Julia Jenkins | Nature of Debt (Purpose): Consulting fees |
| Mailing Address 2211 45th Ave. | |
| City State ZIP Code San Francisco CA 94116 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 500.00 | Transaction ID: PAY:D:461 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 500.00 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leslie Katz | Nature of Debt (Purpose): Misc office & retreat exp |
| Mailing Address 343 Coleridge Street | |
| City State ZIP Code San Francisco CA 94110-5442 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 427.72 | Transaction ID: PAY:D:10 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 427.72 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trevor McNeil | Nature of Debt (Purpose): Consulting |
| Mailing Address 659 24th Ave. | |
| City State ZIP Code San Francisco CA 94121 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 500.00 | Transaction ID: PAY:D:469 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 500.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 1427.72 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trevor McNeil | Nature of Debt (Purpose): Consulting |
| Mailing Address 659 24th Ave. | |
| City State ZIP Code San Francisco CA 94121 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 500.00 | Transaction ID: PAY:D:470 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 500.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 865.20 | Transaction ID: PAY:D:412 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 865.20 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 17.50 | Transaction ID: PAY:D:462 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 17.50 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1382.70 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1593.67"/> | Transaction ID: PAY:D:463 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1593.67"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="877.92"/> | Transaction ID: PAY:D:464 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="877.92"/> |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1000.13"/> | Transaction ID: PAY:D:465 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1000.13"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3471.72"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 146.67 | Transaction ID: PAY:D:466 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 146.67 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 326.89 | Transaction ID: PAY:D:467 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 326.89 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: PAY:D:477 | |
| Amount Incurred This Period 311.79 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 311.79 |

| | |
|--|---------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 785.35 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 14 / 16 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: PAY:D:487 | |
| Amount Incurred This Period <input type="text" value="567.25"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="567.25"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: PAY:D:488 | |
| Amount Incurred This Period <input type="text" value="211.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="211.00"/> |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 8581 Santa Monica Blvd., #504 | |
| City State ZIP Code West Hollywood CA 90069 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: PAY:D:489 | |
| Amount Incurred This Period <input type="text" value="275.90"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="275.90"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1054.15"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Olivia Cruise Lines | Nature of Debt (Purpose): Phone bank |
| Mailing Address 434 Brannan Street | |
| City State ZIP Code San Francisco CA 94107 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 546.00 | Transaction ID: PAY:D:12 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 546.00 |

| | |
|---|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donald Price | Nature of Debt (Purpose): Postage |
| Mailing Address 1390 Market Street #818 | |
| City State ZIP Code San Francisco CA 94102-5402 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: PAY:D:483 | |
| Amount Incurred This Period 21.57 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21.57 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC | Nature of Debt (Purpose): Telephone |
| Mailing Address Payment Center | |
| City State ZIP Code Sacramento CA 95887-0001 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 76.12 | Transaction ID: PAY:D:411 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 76.12 |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 643.69 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC | Nature of Debt (Purpose): Telephone |
| Mailing Address Payment Center | |
| City State ZIP Code Sacramento CA 95887-0001 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 78.00 | Transaction ID: PAY:D:474 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 78.00 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC | Nature of Debt (Purpose): Telephone |
| Mailing Address Payment Center | |
| City State ZIP Code Sacramento CA 95887-0001 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: PAY:D:486 | |
| Amount Incurred This Period 230.68 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 230.68 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC | Nature of Debt (Purpose): Accounting |
| Mailing Address 2261 Market Street #319 | |
| City State ZIP Code San Francisco CA 94114 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 2751.10 | Transaction ID: PAY:D:471 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2751.10 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3059.78 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 15033.11 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |