

# 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 11 04 2008 in the State of CA  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 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 10 21 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

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 .....	16547.50									
(c) Total Receipts (from Line 19) .....	13107.00	40789.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29654.50	58520.26								
7. Total Disbursements (from Line 31) .....	6800.23	35665.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22854.27	22854.27								
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) .....	458.36									

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

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	1708.00	11737.93
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	11299.00	27089.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13007.00	38827.03
(b) Political Party Committees .....	100.00	1255.50
(c) Other Political Committees (such as PACs) .....	0.00	300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13107.00	40382.53
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	407.41
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)) .....	13107.00	40789.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13107.00	40789.94

**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	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6800.23	33185.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6800.23	33185.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2170.00
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.....	0.00	310.00
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))..	6800.23	35665.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6800.23	35665.99

**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) .....	13107.00	40382.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13107.00	40382.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6800.23	33185.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	407.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6800.23	32778.58

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
John Carr

Mailing Address PO Box 676175

City Rancho Santa Fe State CA Zip Code 92067-6175

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

Name of Employer Provident Partners Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-408-910-c

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
John Carr

Mailing Address PO Box 676175

City Rancho Santa Fe State CA Zip Code 92067-6175

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

Name of Employer Provident Partners Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-408-912-c

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
James Dooley

Mailing Address 1270 Olive Avenue

City Fallbrook State CA Zip Code 92028-1569

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1143.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-54-860-c

Amount of Each Receipt this Period  
183.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **483.00**

**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: PAGE 7 / 15  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1143.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-54-879-c

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Kate Murashige

Mailing Address PO Box 2345

City State Zip Code  
Rancho Santa Fe CA 92067-2345

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

Name of Employer Occupation  
Morrison & Foerstein Patent Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-1672-907-c

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Lynn Muto

Mailing Address PO Box 9455

City State Zip Code  
Rancho Santa Fe CA 92067-4455

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI-1680-922-c

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**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: PAGE 8 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey Roth

Mailing Address PO Box 9674

City State Zip Code  
Rancho Santa Fe CA 92067-4674

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 8

Transaction ID: SA11AI-1684-927-c

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin Wilson

Mailing Address PO Box 312

City State Zip Code  
Rancho Santa Fe CA 92067-0312

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

Name of Employer Information Requested Occupation Information Requested  
Martin Wilson, Investor Investor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

Transaction ID: SA11AI-1686-929-c

Amount of Each Receipt this Period  
300.00

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

600.00

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

1708.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 15  
(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

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

**A.** Full Name (Last, First, Middle Initial)  
San Diego County Democratic Party

Mailing Address 8304 Clairemont Mesa Boulevard  
Suite 108

City San Diego State CA Zip Code 92111-1315

FEC ID number of contributing federal political committee. **C** C00402826

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1255.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11B-81-880-c

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 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)  
North County Democratic Unity Political Action Coalition

<b>A.</b>	Full Name (Last, First, Middle Initial) Barack Obama Store  Mailing Address 1000 Progress Street  City Greenville State OH Zip Code 45331-8391  Purpose of Disbursement Reimburse: Buttons, Stickers 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) ▼	Transaction ID: SB21B-1634-51-V Date of Disbursement 10 / 15 / 2008  Amount of Each Disbursement this Period 133.55  <b>[MEMO ITEM]</b> Subitemization of Grace Sloan
<b>B.</b>	Full Name (Last, First, Middle Initial) Complete Campaigns  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Credit Card Processing Fees 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) ▼	Transaction ID: SB21B-64-817-e Date of Disbursement 10 / 01 / 2008  Amount of Each Disbursement this Period 14.30
<b>C.</b>	Full Name (Last, First, Middle Initial) Complete Campaigns  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Credit Card Processing Fees 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) ▼	Transaction ID: SB21B-64-847-e Date of Disbursement 10 / 06 / 2008  Amount of Each Disbursement this Period 12.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	26.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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

<b>A.</b> Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Computer Software 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) ▼	Transaction ID: SB21B-64-948-e Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 75.00 Category/Type: 001

<b>B.</b> Lake San Marcos Convention Center Full Name (Last, First, Middle Initial) Mailing Address Lake San Marcos Drive City Lake San Marcos State CA Zip Code 92078 Purpose of Disbursement Reimburse: Venue Rental/ No spec Fed. Candiate 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) ▼	Transaction ID: SB21B-428-50-V Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 3315.28 Category/Type: 003 <b>[MEMO ITEM]</b> Subitemization of James Edmondson

<b>C.</b> OCI Retail Computer Sciences Full Name (Last, First, Middle Initial) Mailing Address 1651 S Juniper Street City Escondido State CA Zip Code 92025-6127 Purpose of Disbursement Computer Software Services 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) ▼	Transaction ID: SB21B-283-949-e Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 56.94 Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>131.94</b>
<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)

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Round Table Pizza</p> <p>Mailing Address 1161 E Washington Avenue</p> <p>City Escondido State CA Zip Code 92025-2214</p> <p>Purpose of Disbursement Reimburse: Debate Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1609-45-V</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b> Subitemization of Christine Nava</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) James Edmondson</p> <p>Mailing Address 9717 Thorn Lane</p> <p>City Escondido State CA Zip Code 92029-7639</p> <p>Purpose of Disbursement Reimburse: Venue Rental / No spec. fed. candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1421-881-e</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 3315.28</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jon Monday</p> <p>Mailing Address 4441 La Canada Road</p> <p>City Fallbrook State CA Zip Code 92028-8731</p> <p>Purpose of Disbursement Reimburse for Utilities: SDG&amp;E</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-28-850-e</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 42.66</p>

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

3357.94

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 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

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) Christine Nava <hr/> Mailing Address 858 Calle Montera <hr/> City Escondido State CA Zip Code 92025-7966 <hr/> Purpose of Disbursement Reimbursement: Debate food Candidate Name	Transaction ID: SB21B-215-835-e Date of Disbursement 10 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 150.00
<b>B.</b> Full Name (Last, First, Middle Initial) Peter Sidlauskas <hr/> Mailing Address 145 S Fig Street <hr/> City Escondido State CA Zip Code 92025-4453 <hr/> Purpose of Disbursement October office rent Candidate Name	Transaction ID: SB21B-380-834-e Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00

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

3150.00

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

6666.68

**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 14 / 15

<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) Nick Leibham for Congress <hr/> Mailing Address 425 W. 5th Avenue Suite 205 <hr/> City Escondido State CA Zip Code 92025 <hr/> Purpose of Disbursement Proportional Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-391-848-I Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 500.00  [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Olga For City Council <hr/> Mailing Address 425 W 5th Avenue <hr/> City Escondido State CA Zip Code 92025-4843 <hr/> Purpose of Disbursement Non-Federal Candidate Proportional Office Rent Candidate Name Olga A Diaz <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-461-849-I Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 100.00  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	0.00

**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)  
North County Democratic Unity Political Action Coalition

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor City Of Escondido	Nature of Debt (Purpose): Administrative/Salary/Overhead-Utilities
Mailing Address Utility Billing P.O. Box 460009	
City State ZIP Code Escondido CA 92046-0009	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10-DEBT947</b>	
Amount Incurred This Period 154.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 154.17

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Christine Nava	Nature of Debt (Purpose): Fundraising-Reimburse: Event Food/Bevera
Mailing Address 858 Calle Montera	
City State ZIP Code Escondido CA 92025-7966	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10-DEBT915</b>	
Amount Incurred This Period 304.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 304.19

1) <b>SUBTOTALS</b> This Period This Page (optional).....	458.36
2) <b>TOTALS</b> This Period (last page this line number only).....	458.36
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	458.36