

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 Escondido CA 92025 4843 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of CA

5. Covering Period 10 16 2008 through 11 24 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 12 08 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 FE6AN026 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
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	22854.27									
(c) Total Receipts (from Line 19)	7572.98	48362.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30427.25	66093.24								
7. Total Disbursements (from Line 31)	9167.52	44833.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21259.73	21259.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	96.96									

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
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	394.00	12131.93
(i) Itemized (use Schedule A)	7103.98	34193.08
(ii) Unitemized	7497.98	46325.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	1255.50
(b) Political Party Committees	0.00	300.00
(c) Other Political Committees (such as PACs)	7497.98	47880.51
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees00	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)	75.00	482.41
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))	7572.98	48362.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7572.98	48362.92

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.....	7017.52	40203.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	7017.52	40203.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2150.00	4320.00
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))..	9167.52	44833.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9167.52	44833.51

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	7497.98	47880.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7497.98	47880.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7017.52	40203.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	75.00	482.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6942.52	39721.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
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 None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1169.44

Date of Receipt MM / DD / YYYY
11 / 06 / 2008

Transaction ID: SA11AI-54-1042-c

Amount of Each Receipt this Period 26.00

B. Full Name (Last, First, Middle Initial)
Larry Miller

Mailing Address 1343 Macadamia Drive

City State Zip Code
Fallbrook CA 92028-1112

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 ▼ 338.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2008

Transaction ID: SA11AI-50-1027-c

Amount of Each Receipt this Period 268.00

C. Full Name (Last, First, Middle Initial)
Dale Ordas

Mailing Address 300 Carlsbad Village Drive
Suite 108A

City State Zip Code
Carlsbad CA 92008-2990

FEC ID number of contributing federal political committee. C

Name of Employer Ordas ADR Services Occupation Mediator/Arbitrator/Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
10 / 25 / 2008

Transaction ID: SA11AI-42-995-c

Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) 364.00

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 / 16	
	(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"/> 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) Dale Ordas		Date of Receipt
Mailing Address 300 Carlsbad Village Drive Suite 108A		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
City	State	Zip Code
Carlsbad	CA	92008-2990
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA11AI-42-1043-c
Name of Employer Ordas ADR Services	Occupation Mediator/Arbitrator/Lawyer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="394.00"/>

**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) AT&T	Transaction ID: SB21B-429-917-e
	Mailing Address Payment Center	Date of Disbursement 10 / 18 / 2008
	City Sacramento State CA Zip Code 95887-0001	Amount of Each Disbursement this Period 337.31
	Purpose of Disbursement Telephone Candidate Name	001 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.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B-429-1036-e
	Mailing Address Payment Center	Date of Disbursement 11 / 06 / 2008
	City Sacramento State CA Zip Code 95887-0001	Amount of Each Disbursement this Period 401.92
	Purpose of Disbursement Telephone Candidate Name	001 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 checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -

C.	Full Name (Last, First, Middle Initial) Barack Obama Store	Transaction ID: SB21B-1634-55-V
	Mailing Address 1000 Progress Street	Date of Disbursement 10 / 25 / 2008
	City Greenville State OH Zip Code 45331-8391	Amount of Each Disbursement this Period 924.04
	Purpose of Disbursement Telephone Candidate Name	003 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) ▼

[MEMO ITEM]
Subitemization of Leigh Mahon

SUBTOTAL of Disbursements This Page (optional) ▶

739.23

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)

<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 Escondido	Transaction ID: SB21B-384-1034-e Date of Disbursement MM / DD / YYYY 11 / 06 / 2008
	Mailing Address Utility Billing P.O. Box 460009	Amount of Each Disbursement this Period 57.21
	City Escondido State CA Zip Code 92046-0009	
	Purpose of Disbursement Utilities Candidate Name	001 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.	Full Name (Last, First, Middle Initial) Cricket	Transaction ID: SB21B-454-53-V Date of Disbursement MM / DD / YYYY 11 / 10 / 2008
	Mailing Address PO Box 66C021	Amount of Each Disbursement this Period 653.43
	City Dallas State TX Zip Code 75266	
	Purpose of Disbursement Reimburse: Telephone Expense No Specified Federal Candidate Candidate Name	001 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 checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -

[MEMO ITEM]
Subitemization of Christine Nava

C.	Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences	Transaction ID: SB21B-283-1044-e Date of Disbursement MM / DD / YYYY 11 / 10 / 2008
	Mailing Address 1651 S Juniper Street	Amount of Each Disbursement this Period 843.68
	City Escondido State CA Zip Code 92025-6127	
	Purpose of Disbursement Political magnets Candidate Name	006 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 checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -

SUBTOTAL of Disbursements This Page (optional)	900.89
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 10 / 16

<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) OCI Retail Computer Sciences	Transaction ID: SB21B-283-1045-e
	Mailing Address 1651 S Juniper Street	Date of Disbursement MM / DD / YYYY 11 / 10 / 2008
	City Escondido State CA Zip Code 92025-6127	Amount of Each Disbursement this Period 485.95
	Purpose of Disbursement Political magnets	006 Category/ Type
	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 checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B-339-57-V
	Mailing Address 1018 N El Camino Real	Date of Disbursement MM / DD / YYYY 10 / 25 / 2008
	City Encinitas State CA Zip Code 92024-1320	Amount of Each Disbursement this Period 343.09
	Purpose of Disbursement Reimburse: Office Supplies, Paper, Ink, No Specified Federal Candidate	001 Category/ Type
	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) ▼

[MEMO ITEM]
Subitemization of Christine Nava

C.	Full Name (Last, First, Middle Initial) San Diego County Democratic Party	Transaction ID: SB21B-81-958-e
	Mailing Address 8304 Clairemont Mesa Boulevard Suite 108	Date of Disbursement MM / DD / YYYY 10 / 25 / 2008
	City San Diego State CA Zip Code 92111-1315	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name San Diego County Democratic Party	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1485.95
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)

<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) San Diego Gas & Electric (SDG&E)	Transaction ID: SB21B-386-962-e
	Mailing Address PO Box 25111	Date of Disbursement 10 / 25 / 2008
	City Santa Ana State CA Zip Code 92799-5111	Amount of Each Disbursement this Period 256.18
	Purpose of Disbursement Office Utilities Candidate Name	001 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.	Full Name (Last, First, Middle Initial) San Diego Gas & Electric (SDG&E)	Transaction ID: SB21B-386-1035-e
	Mailing Address PO Box 25111	Date of Disbursement 11 / 06 / 2008
	City Santa Ana State CA Zip Code 92799-5111	Amount of Each Disbursement this Period 362.52
	Purpose of Disbursement Office Utilities Candidate Name	001 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 checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -

C.	Full Name (Last, First, Middle Initial) Leigh Mahon	Transaction ID: SB21B-438-959-e
	Mailing Address 1091 Park Hill Terrace	Date of Disbursement 10 / 25 / 2008
	City Escondido State CA Zip Code 92025-5206	Amount of Each Disbursement this Period 924.04
	Purpose of Disbursement Reimburse: Fundraising Material, No Specified Federal Candidate Candidate Name	003 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) ▼

SUBTOTAL of Disbursements This Page (optional)	1542.74
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)

<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) Christine Nava	Transaction ID: SB21B-215-915-e Date of Disbursement																			
	Mailing Address 858 Calle Montera	<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>1</td><td>0</td><td></td><td>1</td><td>8</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	1	0		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	8												
	City Escondido State CA Zip Code 92025-7966	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimburse: Fundraising Event Food/Beverage No Specified Federal Candidate Candidate Name	<table border="1"><tr><td>304.19</td></tr></table>	304.19																		
304.19																					
	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) ▼																			
		Category/Type: <table border="1"><tr><td>003</td></tr></table>	003																		
003																					

B.	Full Name (Last, First, Middle Initial) Christine Nava	Transaction ID: SB21B-215-916-e Date of Disbursement																			
	Mailing Address 858 Calle Montera	<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>1</td><td>0</td><td></td><td>1</td><td>8</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	1	0		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	8												
	City Escondido State CA Zip Code 92025-7966	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimburse: Fundraising Event Food/Beverage No Specified Federal Candidate Candidate Name	<table border="1"><tr><td>84.52</td></tr></table>	84.52																		
84.52																					
	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) ▼																			
		Category/Type: <table border="1"><tr><td>003</td></tr></table>	003																		
003																					

C.	Full Name (Last, First, Middle Initial) Christine Nava	Transaction ID: SB21B-215-960-e Date of Disbursement																			
	Mailing Address 858 Calle Montera	<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>1</td><td>0</td><td></td><td>2</td><td>5</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	1	0		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	0	8												
	City Escondido State CA Zip Code 92025-7966	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimburse: Office Supplies, Paper, Ink, No Specified Federal Candidate Candidate Name	<table border="1"><tr><td>343.09</td></tr></table>	343.09																		
343.09																					
	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) ▼																			
		Category/Type: <table border="1"><tr><td>001</td></tr></table>	001																		
001																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>731.80</td></tr></table>	731.80
731.80		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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) Christine Nava	Transaction ID: SB21B-215-1031-e Date of Disbursement
	Mailing Address 858 Calle Montera	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Escondido State CA Zip Code 92025-7966	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary - No Specified Federal Candidate Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Christine Nava	Transaction ID: SB21B-215-1047-e Date of Disbursement
	Mailing Address 858 Calle Montera	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Escondido State CA Zip Code 92025-7966	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse: Telephone Expense No Specified Federal Candidate Candidate Name	<input type="text" value="788.77"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	

C.	Full Name (Last, First, Middle Initial) Grace Sloan	Transaction ID: SB21B-1559-1032-e Date of Disbursement
	Mailing Address 1621 Madrone Glen	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Escondido State CA Zip Code 92027-1147	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1538.77"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6939.38"/>

**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 15 / 16

<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

A.

Full Name (Last, First, Middle Initial)

Steve Young For Congress

Mailing Address 101 Pacific Hwy

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Political Contribution

Candidate Name
Steve Young

Office Sought: House
 Senate
 President

State: CA District: 48

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23-1719-976-e

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

2150.00

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

A. 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 96.96	Transaction ID: SD10-DEBT947	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 96.96

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 57.21	Transaction ID: SD10-DEBT1034	
Amount Incurred This Period 0.00	Payment This Period 57.21	Outstanding Balance at Close of This Period 0.00

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	96.96
2) TOTALS This Period (last page this line number only).....	▶	96.96
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	96.96