

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North County Unity

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="9940.98"/>	<input type="text" value="9940.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17074.1"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6347.62"/>	<input type="text" value="24112.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="23421.72"/>	<input type="text" value="34053.6"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8627.38"/>	<input type="text" value="19259.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14794.34"/>	<input type="text" value="14794.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1986.4"/>	

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 Unity

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500	1225
(ii) Unitemized	5847.62	13802.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6347.62	15027.62
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	5000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6347.62	20027.62
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	4000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	85
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6347.62	24112.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6347.62	24112.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	6127.38	11759.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6127.38	11759.26
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500	7500
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8627.38	19259.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8627.38	19259.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6347.62	20027.62
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6347.62	20027.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6127.38	11759.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6127.38	11674.26

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
<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 Unity

A. Gordon Clanton
Full Name (Last, First, Middle Initial)
Mailing Address 2484 Oakridge Cove

City Del Mar	State CA	Zip Code 92014-2935
-----------------	-------------	------------------------

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

Name of Employer SDSU	Occupation PROFESSOR
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : 252-2799-c

Amount of Each Receipt this Period

15

B. Gordon Clanton
Full Name (Last, First, Middle Initial)
Mailing Address 2484 Oakridge Cove

City Del Mar	State CA	Zip Code 92014-2935
-----------------	-------------	------------------------

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

Name of Employer SDSU	Occupation PROFESSOR
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : 252-2849-c

Amount of Each Receipt this Period

15

C. Nancy Evans
Full Name (Last, First, Middle Initial)
Mailing Address 105 Poza Rica Court

City Solana Beach	State CA	Zip Code 92075-2521
----------------------	-------------	------------------------

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 ▼ **295**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : 2150-2728-c

Amount of Each Receipt this Period

30

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
<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 Unity

Full Name (Last, First, Middle Initial)
A. Nancy Evans

Mailing Address 105 Poza Rica Court

City Solana Beach State CA Zip Code 92075-2521

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 ▼ **295**

Date of Receipt
11 / 21 / 2013

Transaction ID : 2150-2792-c

Amount of Each Receipt this Period
15

Full Name (Last, First, Middle Initial)
B. Nancy Evans

Mailing Address 105 Poza Rica Court

City Solana Beach State CA Zip Code 92075-2521

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 ▼ **295**

Date of Receipt
12 / 12 / 2013

Transaction ID : 2150-2851-c

Amount of Each Receipt this Period
30

Full Name (Last, First, Middle Initial)
C. William Harman

Mailing Address 1837 Hill Top Lane

City Encinitas State CA Zip Code 92024-1973

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

Name of Employer Occupation
The Grauer School & Scripps Health Retired Clergy: Teacher: Chaplain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340**

Date of Receipt
09 / 20 / 2013

Transaction ID : 787-2647-c

Amount of Each Receipt this Period
30

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
North County Unity

A. William Harman
Full Name (Last, First, Middle Initial)

Mailing Address 1837 Hill Top Lane

City Encinitas State CA Zip Code 92024-1973

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

Name of Employer The Grauer School & Scripps Health Occupation Retired Clergy: Teacher: Chaplain

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340**

Date of Receipt **12 / 12 / 2013**

Transaction ID : 787-2858-c

Amount of Each Receipt this Period **60**

B. Maria D McEneany
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2631

City Rancho Santa Fe State CA Zip Code 92067-2631

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

Name of Employer Maria McEneany, Event Planne Occupation Event Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt **09 / 26 / 2013**

Transaction ID : 1940-2676-c

Amount of Each Receipt this Period **40**

C. Maria D McEneany
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2631

City Rancho Santa Fe State CA Zip Code 92067-2631

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

Name of Employer Maria McEneany, Event Planne Occupation Event Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt **11 / 21 / 2013**

Transaction ID : 1940-2788-c

Amount of Each Receipt this Period **50**

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)
A. Maria D McEneaney

Mailing Address **PO Box 2631**

City Rancho Santa Fe	State CA	Zip Code 92067-2631
--------------------------------	--------------------	-------------------------------

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

Name of Employer Maria McEneaney, Event Planne	Occupation Event Planner
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : 1940-2853-c

Amount of Each Receipt this Period

30

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

Mailing Address **PO Box 9455**

City Rcho Santa Fe	State CA	Zip Code 92067-4455
------------------------------	--------------------	-------------------------------

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 ▼ **245**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2013

Transaction ID : 1680-2693-c

Amount of Each Receipt this Period

35

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

Mailing Address **PO Box 9455**

City Rcho Santa Fe	State CA	Zip Code 92067-4455
------------------------------	--------------------	-------------------------------

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 ▼ **245**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : 1680-2810-c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<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 Unity

Full Name (Last, First, Middle Initial) A. Lynn Muto		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 1680-2878-c
Mailing Address PO Box 9455		Amount of Each Receipt this Period 15
City Rcho Santa Fe	State CA	Zip Code 92067-4455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245	

Full Name (Last, First, Middle Initial) B. Lawrence Zynda		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : 1948-2762-c
Mailing Address 5359 La Jolla Boulevard Unit 24		Amount of Each Receipt this Period 25
City La Jolla	State CA	Zip Code 92037-7955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25
Name of Employer None-retired	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210	

Full Name (Last, First, Middle Initial) C. Lawrence Zynda		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 1948-2795-c
Mailing Address 5359 La Jolla Boulevard Unit 24		Amount of Each Receipt this Period 15
City La Jolla	State CA	Zip Code 92037-7955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15
Name of Employer None-retired	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210	

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 12 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
North County Unity

A. Lawrence Zynda
Full Name (Last, First, Middle Initial)

Mailing Address 5359 La Jolla Boulevard
Unit 24

City La Jolla State CA Zip Code 92037-7955

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

Name of Employer None-retired Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210**

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 1948-2845-c

Amount of Each Receipt this Period
15

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	500.00

**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

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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Filing Software

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-64-2618-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Filing Software

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-64-2620-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Filing Software

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-64-2710-e

Amount of Each Disbursement this Period

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

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

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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : SB21B-64-2705-e

Amount of Each Disbursement this Period

2.75

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : SB21B-64-2706-e

Amount of Each Disbursement this Period

4

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : SB21B-64-2707-e

Amount of Each Disbursement this Period

1.5

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

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

8.25

**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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : SB21B-64-2708-e

Amount of Each Disbursement this Period

3.5

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Filing Software

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2013

Transaction ID : SB21B-64-2777-e

Amount of Each Disbursement this Period

86

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2013

Transaction ID : SB21B-64-2709-e

Amount of Each Disbursement this Period

9.25

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

98.75

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

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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2013

Transaction ID : SB21B-64-2720-e

Amount of Each Disbursement this Period

9.5

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : SB21B-64-2721-e

Amount of Each Disbursement this Period

4

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Filing Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SB21B-64-2816-e

Amount of Each Disbursement this Period

86

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

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

99.50

**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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2013

Transaction ID : SB21B-64-2817-e

Amount of Each Disbursement this Period

1.5

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2013

Transaction ID : SB21B-64-2819-e

Amount of Each Disbursement this Period

2.5

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B-64-2818-e

Amount of Each Disbursement this Period

5.75

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

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

9.75

**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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-64-2820-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Filing Software

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-64-2905-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-64-2899-e

Amount of Each Disbursement this Period

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

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

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 Unity

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : SB21B-64-2900-e

Amount of Each Disbursement this Period

2.5

001
Category/
Type

Full Name (Last, First, Middle Initial)

B. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2013

Transaction ID : SB21B-64-2901-e

Amount of Each Disbursement this Period

2.5

001
Category/
Type

Full Name (Last, First, Middle Initial)

C. Complete Campaigns

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2013

Transaction ID : SB21B-64-2904-e

Amount of Each Disbursement this Period

0.75

001
Category/
Type

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

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

5.75

**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 Unity

Full Name (Last, First, Middle Initial)

A. Lomas Santa Fe Country Club

Mailing Address Attn: Catering
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement
Meeting: Food, Beverage, and Venue

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2075-2664-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Lomas Santa Fe Country Club

Mailing Address Attn: Catering
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement
Meeting: Food, Beverage, & Venue

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2075-2776-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lomas Santa Fe Country Club

Mailing Address Attn: Catering
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement
Meeting: Venue, Food, & Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2075-2787-e

Amount of Each Disbursement this Period

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

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

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 Unity

Full Name (Last, First, Middle Initial)

A. Martinez & Associates, Inc.

Mailing Address 810 Los Vallecitos Boulevard
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement
Professional Treasurer Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2206-2616-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Martinez & Associates, Inc.

Mailing Address 810 Los Vallecitos Boulevard
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement
Professional Treasurer Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2206-2663-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Martinez & Associates, Inc.

Mailing Address 810 Los Vallecitos Boulevard
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement
Professional Treasurer Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2206-2780-e

Amount of Each Disbursement this Period

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

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

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 Unity

Full Name (Last, First, Middle Initial)

A. Jamie Carr

Mailing Address PO Box 8661

City Rancho Santa Fe State CA Zip Code 92067-8661

Purpose of Disbursement
Reimbursement: Meeting Food & Beverage, see memo items

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2011-2613-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Smart & Final

Mailing Address 479 Encinitas Boulevard

City Encinitas State CA Zip Code 92024-3729

Purpose of Disbursement
Meeting Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-1928-145-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of Jamie Carr (07/08/13)

Full Name (Last, First, Middle Initial)

C. Jamie Carr

Mailing Address PO Box 8661

City Rancho Santa Fe State CA Zip Code 92067-8661

Purpose of Disbursement
Inkind: Meeting Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2011-2614-i

Amount of Each Disbursement this Period

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

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

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 Unity

Full Name (Last, First, Middle Initial)

A. Bobby Edelman

Mailing Address PO Box 1097

City Rancho Santa Fe State CA Zip Code 92067-1097

Purpose of Disbursement
Reimbursement: Internet Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 06 / 2013

Transaction ID : SB21B-1952-2778-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. Facebook Inc.

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025-1452

Purpose of Disbursement
Internet Advertisement

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 06 / 2013

Transaction ID : SB21B-2277-156-V

Amount of Each Disbursement this Period

500

[MEMO ITEM]
Subitemization of Bobby Edelman (11/06/13)

Full Name (Last, First, Middle Initial)

C. Angelique Strahan

Mailing Address 1528 Malaga Way

City Fallbrook State CA Zip Code 92028-4063

Purpose of Disbursement
Reimbursement: Event Expenses, see memo items

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2013

Transaction ID : SB21B-2-2660-e

Amount of Each Disbursement this Period

662.78

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

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

1162.78

**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 Unity

Full Name (Last, First, Middle Initial)

A. El Toro Market

Mailing Address 337 N Main Avenue

City Fallbrook State CA Zip Code 92028-1960

Purpose of Disbursement : Event Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : SB21B-350-148-V

Amount of Each Disbursement this Period

337.36

[MEMO ITEM]

Subitemization of Angelique Strahan (09/24/13)

Full Name (Last, First, Middle Initial)

B. Albertsons

Mailing Address 7895 Highland Village Place

City San Diego State CA Zip Code 92129-5180

Purpose of Disbursement : Event Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : SB21B-2163-152-V

Amount of Each Disbursement this Period

23.06

[MEMO ITEM]

Subitemization of Angelique Strahan (09/24/13)

Full Name (Last, First, Middle Initial)

C. Smart & Final

Mailing Address 479 Encinitas Boulevard

City Encinitas State CA Zip Code 92024-3729

Purpose of Disbursement : Event Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : SB21B-1928-153-V

Amount of Each Disbursement this Period

12.58

[MEMO ITEM]

Subitemization of Angelique Strahan (09/24/13)

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

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

0.00

**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

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 Unity

Full Name (Last, First, Middle Initial)

A. Angelique Strahan

Mailing Address 1528 Malaga Way

City Fallbrook State CA Zip Code 92028-4063

Purpose of Disbursement
Reimbursement: Event Food & Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SB21B-2-2827-e

Amount of Each Disbursement this Period

457.01

003
Category/
Type

Full Name (Last, First, Middle Initial)

B. Servanos Family Restaurant

Mailing Address 1415 S Mission Road

City Fallbrook State CA Zip Code 92028-4010

Purpose of Disbursement
Fundraising: Event Food & Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2013

Transaction ID : SB21B-2283-157-V

Amount of Each Disbursement this Period

457.01

003
Category/
Type

[MEMO ITEM]

Subitemization of Angelique Strahan (12/16/13)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

457.01

6127.38

**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)

<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

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 Unity

Full Name (Last, First, Middle Initial)

A. Olga Diaz for Mayor 2014

Mailing Address 2519 Mountain Crest Glen

City Escondido State CA Zip Code 92027-4920

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2013

Transaction ID : SB23-2226-2617-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. San Diego County Democratic Party

Mailing Address 8340 Clairemont Mesa Boulevard
Suite 105

City San Diego State CA Zip Code 92111-1320

Purpose of Disbursement
Contribution for Member Communications

011

Candidate Name

Category/
Type

San Diego County Democratic Party

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : SB23-81-2826-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address 3268 Governor Drive
225

City San Diego State CA Zip Code 92122-2902

Purpose of Disbursement
Political Contribution: Contribution

011

Candidate Name

Category/
Type

Scott Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2013

Transaction ID : SB23-2129-2619-e

Amount of Each Disbursement this Period

1000

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

2500.00

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

2500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North County Unity

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamie Carr	Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursement: Holiday Party Expenses, see memo items
Mailing Address PO Box 8661	
City State Zip Code Rancho Santa Fe CA 92067-8661	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	Transaction ID : SD10-DEBT2903	
Amount Incurred This Period <input type="text" value="1786.4"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="1786.4"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Martinez & Associates, Inc.	Nature of Debt (Purpose): Administrative/Salary/Overhead: Professional Treasurer Services
Mailing Address 810 Los Vallecitos Boulevard Suite 211	
City State Zip Code San Marcos CA 92069-1450	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	Transaction ID : SD10-DEBT2906	
Amount Incurred This Period <input type="text" value="200"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="200"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1986.40"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="1986.40"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1986.40"/>