

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines San Francisco Democratic County Central Committee

ADDRESS (number and street) 8581 Santa Monica Blvd., #504 West Hollywood CA 90069

2. FEC IDENTIFICATION NUMBER C00392928 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Meagan Levitan Signature of Treasurer Electronically Filed by Meagan Levitan Date 04 14 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">922.46</td></tr></table>	922.46
Y	Y	Y	Y									
2	0	0	6									
922.46												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">922.46</td></tr></table>	922.46										
922.46												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">3631.40</td></tr></table>	3631.40	<table border="1" style="width: 100%;"><tr><td align="center">3631.40</td></tr></table>	3631.40								
3631.40												
3631.40												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">4553.86</td></tr></table>	4553.86	<table border="1" style="width: 100%;"><tr><td align="center">4553.86</td></tr></table>	4553.86								
4553.86												
4553.86												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">4183.64</td></tr></table>	4183.64	<table border="1" style="width: 100%;"><tr><td align="center">4183.64</td></tr></table>	4183.64								
4183.64												
4183.64												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">370.22</td></tr></table>	370.22	<table border="1" style="width: 100%;"><tr><td align="center">370.22</td></tr></table>	370.22								
370.22												
370.22												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">13564.92</td></tr></table>	13564.92										
13564.92												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(i) Itemized (use Schedule A) .....	80.00	80.00
(ii) Unitemized .....	580.00	580.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	580.00	580.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	55.70	55.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	2995.70	2995.70
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	2995.70	2995.70
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3631.40	3631.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	635.70	635.70

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	782.68	782.68
(ii) Non-Federal Share.....	2944.37	2944.37
(b) Other Federal Operating Expenditures.....	206.59	206.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3933.64	3933.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	250.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4183.64	4183.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1239.27	1239.27

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	580.00	580.00
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	330.00	330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	989.27	989.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	989.27	989.27

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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)  
San Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Active Network, Inc., The

Mailing Address 10182 Telesis Court, Suite 300

City State Zip Code  
San Diego CA 92121

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2006

Transaction ID: INC:A:447

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Active Network, Inc., The

Mailing Address 10182 Telesis Court, Suite 300

City State Zip Code  
San Diego CA 92121

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2006

Transaction ID: INC:R:447

Amount of Each Receipt this Period  
-500.00

REATTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Dunnigan, Dan

Mailing Address 1368 45th Street

City State Zip Code  
San Francisco CA 94122

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

Name of Employer Occupation  
San Francisco Fire Department Firefighter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: PAY:A:475

Amount of Each Receipt this Period  
958.00

Supplies for voter reg

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 27	
	(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)  
San Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Leslie Katz

Mailing Address 343 Coleridge Street

City	State	Zip Code
San Francisco	CA	94110-5442

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

Name of Employer Sempra Energy	Occupation Director
-----------------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	6

Transaction ID: NON:A:452

Amount of Each Receipt this Period  
500.00

REATTRIBUTED

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Active Network, Inc., The</b>		<b>Transaction ID: EXP:B:451</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 10182 Telesis Court, Suite 300		Amount of Each Disbursement this Period 8.20
City San Diego State CA Zip Code 92121	Purpose of Disbursement Credit card 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Active Network, Inc., The</b>		<b>Transaction ID: EXP:B:448</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 10182 Telesis Court, Suite 300		Amount of Each Disbursement this Period 12.13
City San Diego State CA Zip Code 92121	Purpose of Disbursement Credit Card 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID: EXP:B:430</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 501 Castro Street		Amount of Each Disbursement this Period 12.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Bank 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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	32.33
<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)  
San Francisco Democratic County Central Committee

<b>A. Harland Checks</b> Full Name (Last, First, Middle Initial) Mailing Address 2939 Miller Rd. City Decatur State GA Zip Code 30035 Purpose of Disbursement Check stock printing 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) ▼		<b>Transaction ID: EXP:B:428</b> Date of Disbursement 01 / 10 / 2006 Amount of Each Disbursement this Period 170.26 001 Category/ Type
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<b>B. Wells Fargo Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 8571 Santa Monica Blvd. City West Hollywood State CA Zip Code 90069 Purpose of Disbursement Bank Service Charge 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) ▼		<b>Transaction ID: EXP:B:427</b> Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 2.00 001 Category/ Type
--	--	---

<b>C. Wells Fargo Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 8571 Santa Monica Blvd. City West Hollywood State CA Zip Code 90069 Purpose of Disbursement Bank service charge 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) ▼		<b>Transaction ID: EXP:B:446</b> Date of Disbursement 02 / 28 / 2006 Amount of Each Disbursement this Period 2.00 001 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>174.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>206.59</b>

**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 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Leslie Katz</b>		Transaction ID: EXP:B:449 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 343 Coleridge Street		Amount of Each Disbursement this Period 250.00	
City San Francisco State CA Zip Code 94110-5442	Purpose of Disbursement Credit Card error - refund of duplicate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/Type 010	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>250.00</b>

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 / 27 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

**Transaction ID: PAY:C:90**

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

Original Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">2000.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">2000.00</div>
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**TERMS**

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

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">2000.00</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">2000.00</div>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor California Democratic Party	Nature of Debt (Purpose): Insurance
Mailing Address 1401 21st Street Suite 100	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 800.00	<b>Transaction ID: PAY:D:4</b>	
Amount Incurred This Period 0.00	Payment This Period 800.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 450.00	<b>Transaction ID: PAY:D:414</b>	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:459</b>	
Amount Incurred This Period 450.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 450.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>450.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:460</b>	
Amount Incurred This Period 450.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 450.00

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:475</b>	
Amount Incurred This Period 958.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 958.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Julia Jenkins	Nature of Debt (Purpose): Consulting
Mailing Address 2211 45th Ave.	
City State ZIP Code San Francisco CA 94116	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: PAY:D:404</b>	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	1408.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 427.72	<b>Transaction ID: PAY:D:10</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 427.72

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

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: PAY:D:407</b>	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:469</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	927.72
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: PAY:D:470</b>	
Amount Incurred This Period <input type="text" value="500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="865.20"/>	<b>Transaction ID: PAY:D:412</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="865.20"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: PAY:D:462</b>	
Amount Incurred This Period <input type="text" value="17.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.50"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1382.70"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:463</b>	
Amount Incurred This Period 1593.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 1593.67

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:464</b>	
Amount Incurred This Period 877.92	Payment This Period 0.00	Outstanding Balance at Close of This Period 877.92

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:465</b>	
Amount Incurred This Period 1000.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.13

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:466</b>	
Amount Incurred This Period 146.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 146.67

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:467</b>	
Amount Incurred This Period 326.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 326.89

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

Outstanding Balance Beginning This Period 546.00	<b>Transaction ID: PAY:D:12</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 546.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1019.56</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 81.61	<b>Transaction ID: PAY:D:410</b>	
Amount Incurred This Period 0.00	Payment This Period 81.61	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 76.12	<b>Transaction ID: PAY:D:411</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 76.12

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:474</b>	
Amount Incurred This Period 78.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 78.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	154.12
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="343.50"/>		<b>Transaction ID: PAY:D:413</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="343.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:471</b>	
Amount Incurred This Period <input type="text" value="2751.10"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2751.10"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2751.10"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text" value="11564.92"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

METHOD OF ALLOCATION FOR:

- SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)(Separate Segregated Funds And Nonconnected Committees Only)

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

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- X  Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 1232.50
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1232.50	Transaction ID: INC:H3AD:421
<b>ii) Generic Voter Drive</b> .....	0.00	Transaction ID: INC:H3GV:421
<b>iii) Exempt Activities</b> .....	0.00	Transaction ID: INC:H3EA:421
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:421
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:421
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 1363.20
---	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1363.20	Transaction ID: INC:H3AD:435
<b>ii) Generic Voter Drive</b> .....	0.00	Transaction ID: INC:H3GV:435
<b>iii) Exempt Activities</b> .....	0.00	Transaction ID: INC:H3EA:435
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:435
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:435
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 400.00
---	---	------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	400.00	Transaction ID: INC:H3AD:434
<b>ii) Generic Voter Drive</b> .....	0.00	Transaction ID: INC:H3GV:434
<b>iii) Exempt Activities</b> .....	0.00	Transaction ID: INC:H3EA:434
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:434
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:434
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	2995.70
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	2995.70

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> California Democratic Party			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																	
Mailing Address 1401 21st Street   Suite 100			Allocated Activity or Event Year-To-Date 3727.05																	
City   State   Zip Code Sacramento   CA   95814	Category/ Type 001		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>		M	M	0	3	D	D	0	9	Y	Y	Y	Y	2	0	0	6
M	M																			
0	3																			
D	D																			
0	9																			
Y	Y	Y	Y																	
2	0	0	6																	
Purpose of Disbursement: Liability insurance			Transaction ID: EXP:H4:436																	
Activity or Event Identifier:																				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		19.75		25.00

<b>B. Full Name (Last, First, Middle Initial)</b> California Democratic Party			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																	
Mailing Address 1401 21st Street   Suite 100			Allocated Activity or Event Year-To-Date 3727.05																	
City   State   Zip Code Sacramento   CA   95814	Category/ Type 001		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>		M	M	0	3	D	D	0	9	Y	Y	Y	Y	2	0	0	6
M	M																			
0	3																			
D	D																			
0	9																			
Y	Y	Y	Y																	
2	0	0	6																	
Purpose of Disbursement: Insurance			Transaction ID: PAY:H4:439																	
Activity or Event Identifier:																				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.00		632.00		800.00

<b>C. Full Name (Last, First, Middle Initial)</b> Cullum & Sena			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																	
Mailing Address 1390 Market Street, Ste 818			Allocated Activity or Event Year-To-Date 3727.05																	
City   State   Zip Code San Francisco   CA   94102	Category/ Type 001		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>1</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>5</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>		M	M	0	1	D	D	2	5	Y	Y	Y	Y	2	0	0	6
M	M																			
0	1																			
D	D																			
2	5																			
Y	Y	Y	Y																	
2	0	0	6																	
Purpose of Disbursement: Rent			Transaction ID: PAY:H4:415																	
Activity or Event Identifier:																				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.50		450.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
267.75		1007.25		1275.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



# SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

**A. Full Name (Last, First, Middle Initial)**  
Julia Jenkins

Mailing Address  
2211 45th Ave.

City State Zip Code  
San Francisco CA 94116

001

Purpose of Disbursement:  
Consulting

Category/  
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3727.05

Date 01 / 25 / 2006

Transaction ID: PAY:H4:405

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**B. Full Name (Last, First, Middle Initial)**  
Julia Jenkins

Mailing Address  
2211 45th Ave.

City State Zip Code  
San Francisco CA 94116

001

Purpose of Disbursement:  
Consulting

Category/  
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3727.05

Date 02 / 06 / 2006

Transaction ID: EXP:H4:445

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
Trevor McNeil

Mailing Address  
659 24th Ave.

City State Zip Code  
San Francisco CA 94121

001

Purpose of Disbursement:  
Consulting

Category/  
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3727.05

Date 01 / 25 / 2006

Transaction ID: PAY:H4:408

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Trevor McNeil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 659 24th Ave.			Allocated Activity or Event Year-To-Date 3727.05	
City San Francisco	State CA	Zip Code 94121	Date M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Purpose of Disbursement: Consulting			Transaction ID: EXP:H4:444	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

<b>B. Full Name (Last, First, Middle Initial)</b> SBC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Payment Center			Allocated Activity or Event Year-To-Date 3727.05	
City Sacramento	State CA	Zip Code 95887-0001	Date M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Purpose of Disbursement: Telephone			Transaction ID: PAY:H4:437	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.14		64.47		81.61

<b>C. Full Name (Last, First, Middle Initial)</b> Warren & Associates LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2261 Market Street #319			Allocated Activity or Event Year-To-Date 3727.05	
City San Francisco	State CA	Zip Code 94114	Date M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Purpose of Disbursement: Accounting Services			Transaction ID: EXP:H4:443	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.66		21.28		26.94

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.80		480.75		608.55

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)  
Warren & Associates LLC

Mailing Address  
2261 Market Street #319

City	State	Zip Code
San Francisco	CA	94114

001

Purpose of Disbursement:  
Accounting

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3727.05

Activity or Event Identifier:

Date 02 / 06 / 2006

Transaction ID: PAY:H4:441

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.13		271.37		343.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.13		271.37		343.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
782.68	2944.37	3727.05