

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>	<input type="text" value="15532.32"/>	<input type="text" value="15532.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20687.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6025"/>	<input type="text" value="18120"/>
(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="26712.51"/>	<input type="text" value="33652.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4237.51"/>	<input type="text" value="11177.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22475"/>	<input type="text" value="22475"/>
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="652.03"/>	

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).....	225	2325
(ii) Unitemized	5800	15795
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6025	18120
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6025	18120
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
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))..... ▶	6025	18120
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6025	18120

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	3737.51	10677.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3737.51	10677.32
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500	500
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)) ..	4237.51	11177.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4237.51	11177.32

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)	6025	18120
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6025	18120
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3737.51	10677.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3737.51	10677.32

**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 21
<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. Lawrence Zynda		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 5359 La Jolla Boulevard Unit 24		Transaction ID : SA11AI-1948-1977-c
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 Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225	

Full Name (Last, First, Middle Initial) B. Lawrence Zynda		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 5359 La Jolla Boulevard Unit 24		Transaction ID : SA11AI-1948-1983-c
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 Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225	

Full Name (Last, First, Middle Initial) C. Lawrence Zynda		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 5359 La Jolla Boulevard Unit 24		Transaction ID : SA11AI-1948-1990-c
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 Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial) A. Lawrence Zynda		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 5359 La Jolla Boulevard Unit 24		Transaction ID : SA11AI-1948-2021-c
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 Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225	

Full Name (Last, First, Middle Initial) B. Lawrence Zynda		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 5359 La Jolla Boulevard Unit 24		Transaction ID : SA11AI-1948-2028-c
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 Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225	

Full Name (Last, First, Middle Initial) C. Maureen Sweeney		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address PO Box 1096		Transaction ID : SA11AI-1975-1978-c
City Rancho Santa Fe State CA Zip Code 92067-1096	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30
Name of Employer Information Requested na	Occupation Information Requested na	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240	

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: PAGE 9 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)
A. Maureen Sweeney

Mailing Address PO Box 1096

City Rancho Santa Fe State CA Zip Code 92067-1096

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

Name of Employer na Occupation na

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240**

Date of Receipt
12 / 30 / 2011

Transaction ID : SA11AI-1975-2022-c

Amount of Each Receipt this Period
30

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	225.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County 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
Computer Software

001
Category/
Type

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
07 / 12 / 2011

Transaction ID : SB21B-64-1893-e

Amount of Each Disbursement this Period

86

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
Computer Software

001
Category/
Type

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
08 / 01 / 2011

Transaction ID : SB21B-64-1896-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
Computer Software

001
Category/
Type

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
09 / 01 / 2011

Transaction ID : SB21B-64-1924-e

Amount of Each Disbursement this Period

86

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

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

258.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County 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

M M / D D / Y Y Y Y
09 / 01 / 2011

Transaction ID : SB21B-64-1936-e

Amount of Each Disbursement this Period

12

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

M M / D D / Y Y Y Y
09 / 05 / 2011

Transaction ID : SB21B-64-1935-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

M M / D D / Y Y Y Y
09 / 22 / 2011

Transaction ID : SB21B-64-1938-e

Amount of Each Disbursement this Period

2.5

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

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

17.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County 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
Computer Software

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2011

Transaction ID : SB21B-64-1923-e

Amount of Each Disbursement this Period

86

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
Computer Software

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : SB21B-64-1969-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
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2011

Transaction ID : SB21B-64-2014-e

Amount of Each Disbursement this Period

0.5

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

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

172.50

**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

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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-64-1972-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
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-64-2012-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 Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B-64-1999-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

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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
Computer Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-64-2031-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
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

/ /

Transaction ID : SB21B-64-2013-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Loma Santa Fe Country Club

Mailing Address Attn: Megan Bachman
1505 Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement
Event: Food/Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-2075-1970-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. Von's

Mailing Address 671 S. Rancho Santa Fe Rd

City San Marcos State CA Zip Code 92078

Purpose of Disbursement
Event Food/Beverage

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-1960-117-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of Maria McEneaney (11/10/11)

Full Name (Last, First, Middle Initial)

B. Lynn Davis

Mailing Address 6589 Rainbow Heights Road

City Fallbrook State CA Zip Code 92028-8851

Purpose of Disbursement
Reimbursement - Event Food & Beverage

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-262-1925-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lynn Davis

Mailing Address 6589 Rainbow Heights Road

City Fallbrook State CA Zip Code 92028-8851

Purpose of Disbursement
Reimburse: Event Food/Beverage

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-262-1949-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

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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)

A. Michael Gelfand

Mailing Address PO Box 9262

City Rancho Santa Fe State CA Zip Code 92067-4262

Purpose of Disbursement
Reimburse: Event Food/Beverage

Category/
Type

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
0	8		0	4		2	0	1	1

Transaction ID : SB21B-1676-1899-e

Amount of Each Disbursement this Period

4	3	9	.	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Von's

Mailing Address 671 S. Rancho Santa Fe Rd

City San Marcos State CA Zip Code 92078

Purpose of Disbursement
Event: Food/Beverage

Category/
Type

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
0	8		0	4		2	0	1	1

Transaction ID : SB21B-1960-113-V

Amount of Each Disbursement this Period

4	3	9	.	2
---	---	---	---	---

[MEMO ITEM]

Subitemization of Michael Gelfand (08/04/11)

Full Name (Last, First, Middle Initial)

C. Michael Gelfand

Mailing Address PO Box 9262

City Rancho Santa Fe State CA Zip Code 92067-4262

Purpose of Disbursement
Reimburse: Event Food/Beverage

Category/
Type

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
1	1		1	0		2	0	1	1

Transaction ID : SB21B-1676-1968-e

Amount of Each Disbursement this Period

2	7	9	.	9
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	1	9	.	1
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)

A. Von's

Mailing Address 671 S. Rancho Santa Fe Rd

City San Marcos State CA Zip Code 92078

Purpose of Disbursement
Event Food/Beverage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-1960-119-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of Michael Gelfand (11/10/11)

Full Name (Last, First, Middle Initial)

B. Robert Hamilton

Mailing Address 3420 Casablanca Way

City Fallbrook State CA Zip Code 92028-8938

Purpose of Disbursement
Reimbursement: Event Food/Beverages

007
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-3-1946-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Robert Hamilton

Mailing Address 3420 Casablanca Way

City Fallbrook State CA Zip Code 92028-8938

Purpose of Disbursement
Reimburse: Event Food/Beverage

007
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-3-1947-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

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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)

A. Robert Hamilton

Mailing Address 3420 Casablanca Way

City Fallbrook State CA Zip Code 92028-8938

Purpose of Disbursement
Reimburse: PO Box Rental

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB21B-3-2002-e

Amount of Each Disbursement this Period

23

Full Name (Last, First, Middle Initial)

B. Robert Hamilton

Mailing Address 3420 Casablanca Way

City Fallbrook State CA Zip Code 92028-8938

Purpose of Disbursement
Meeting Rental

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : SB21B-3-2004-e

Amount of Each Disbursement this Period

50

Full Name (Last, First, Middle Initial)

C. Robert Hamilton

Mailing Address 3420 Casablanca Way

City Fallbrook State CA Zip Code 92028-8938

Purpose of Disbursement
Charter Renewal

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : SB21B-3-2005-e

Amount of Each Disbursement this Period

60

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

133.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)

A. John Venekamp

Mailing Address PO Box 265

City Rancho Santa Fe State CA Zip Code 92067-0265

Purpose of Disbursement
Reimburse: Event Food/Beverage

007

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2011

Transaction ID : SB21B-1685-1967-e

Amount of Each Disbursement this Period

822.02

Full Name (Last, First, Middle Initial)

B. Rancho Santa Fe Association

Mailing Address PO Box A

City Rancho Santa Fe State CA Zip Code 92067-0359

Purpose of Disbursement
Event Food/Bev erage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2011

Transaction ID : SB21B-1859-118-V

Amount of Each Disbursement this Period

822.02

[MEMO ITEM]

Subitemization of John Venekamp (11/10/11)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

822.02

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

3338.02

**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

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NAME OF COMMITTEE (In Full)
North County Unity

Full Name (Last, First, Middle Initial)

A. San Diego County Democratic Party

Date of Disbursement

Mailing Address 8340 Clairmont Mesa Blvd
Suite 105

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2011

City San Diego State CA Zip Code 92111-1315

Transaction ID : SB23-81-1897-e

Purpose of Disbursement
Monitory Contribution Sponsorship

011
Category/ Type

Amount of Each Disbursement this Period

500

Candidate Name

San Diego County Democratic Party

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

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

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

500.00

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

500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 21
	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 Maria D McEneany	Nature of Debt (Purpose): Other: Reimbursement: Food & Beverage
Mailing Address PO Box 2631	
City State Zip Code Rancho Santa Fe CA 92067-2631	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	Transaction ID : SD10-DEBT2029	
Amount Incurred This Period <input type="text" value="171.23"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="171.23"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamie Carr	Nature of Debt (Purpose): Other: Event: Food & Beverage
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-DEBT2030	
Amount Incurred This Period <input type="text" value="480.8"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="480.8"/>

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="652.03"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="652.03"/>
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="652.03"/>