REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street) ☒ Check if different than previously reported
263 THIRD STREET

CITY, STATE and ZIP CODE
SAN RAFAEL CA 94901

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Dec 8 12 49 PM '98

2. FEC IDENTIFICATION NUMBER
C 00233361

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election
on 11/3/98 in the State of CALIFORNIA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/98 through 11/23/98		
6. (a) Cash on Hand January 1, 19__		$ 895
(b) Cash on Hand at Beginning of Reporting Period	$ 5,330	
(c) Total Receipts (from Line 19)	$ 6,686	$ 40,309
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,016	$ 41,204
7. Total Disbursements (from Line 30)	$ 7,883	$ 37,071
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4,133	$ 4,133
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 1,000	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
DAVID L. RATNER

Signature of Treasurer
David L. Ratner

Date
12/1/98

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

FEC FORM 3X
(revised 9/98)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE

REPORT COVERING PERIOD FROM 10/1/98 TO: 11/23/98

Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,070	14,670	11a(i)
ii. Unitemized	3,616	24,603	11a(ii)
iii. Total (add i and ii) ➤			11a(iii)
b. Political Party Committees		36	11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) ➤	6,686	39,309	11d
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received		1,000	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,686	40,309	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,686	40,309	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21a(i)
ii. Non-Federal Share			21a(ii)
b. Other Federal Operating Expenditures	7,883	37,071	21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	7,883	37,071	21c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) ➤			28d
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,883	37,071	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,883	37,071	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,686	39,309	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,686	39,309	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	7,883	37,071	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	7,883	37,071	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.1

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)
MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. EDMOND F. McGILL 71 PACHECO CREEK DR NOVATO CA 94949 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF Occupation: ATTORNEY Aggregate Year-to-Date: $ 755	10/21/98 10/28/98	20 100
B. CARLA McCLOSKEY 11 SUNRISE LANE LARKSPUR CA 94939 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: HOUSEWIFE Aggregate Year-to-Date: $ 665	10/21/98 10/29/98	20 100
C. VADIM G. CANBY 22 CRESCENT LANE SAN ANSELMO CA 94960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: RETIRED Aggregate Year-to-Date: $ 335	10/21/98	20
D. LAURENCE H. STEFFAN 76 WATERSIDE CIR. SAN RAFAEL CA 94903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF Occupation: ATTORNEY Aggregate Year-to-Date: $ 426	10/5/98	100
E. LESTER A. ROTH 150 EL CONDOR CT. SAN RAFAEL CA 94903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF Occupation: CONSULTANT Aggregate Year-to-Date: $ 465	11/7/98	50
F. MARC WOLIN 108 BAHAMA REEF BEL MARIN KEYS CA 94949 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DEAN WITTER Occupation: STOCKBROKER Aggregate Year-to-Date: $ 3,990	10/20/98 10/21/98	1,400 20
G. LINDA WITONG ABRAHM 304 NO. FERNDALE MILL VALLEY CA 94941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MARIN COUNTY Occupation: ATTORNEY Aggregate Year-to-Date: $ 175	10/29/98	50

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11. a. 1

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NAME OF COMMITTEE (In Full)
MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DONALD B. BIBEAULT 44 GREENWOOD WAY MILL VALLEY CA 94941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: BIBEAULT + ASSOC. Occupation: PRIVATE INVESTOR Aggregate Year-to-Date > $ 1,450	10/29/98	200
B. FRANK A. TALLARIDA 6 THUNDERBIRD DR. NOVATO CA 94949 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SAN FRANCISCO ASSOCIATES Occupation: FINANCIAL ADVISER Aggregate Year-to-Date > $ 685	10/21/98	20
C. WILLIAM F. HELD 100 GLENSIDE WAY SAN RAFAEL CA 94903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: RETIRED Aggregate Year-to-Date > $ 500	10/29/98	200
D. JOSEPH A. DESTEIN 10 ICHABOD CT. SAN ANSELMO CA 94960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SELF Occupation: FILM MAKER Aggregate Year-to-Date > $ 1,465	10/20/98 10/21/98	100 20
E. DAVID L. RATNER 84 POLHEMUS WAY LARKSPUR CA 94939 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: UNIV. OF SAN FRANCISCO Occupation: PROFESSOR Aggregate Year-to-Date > $ 300	10/23/98 10/27/98	50 100
F. EUGENE SWANSON 19 TWEED TERRACE SAN RAFAEL CA 94901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: RETIRED Aggregate Year-to-Date > $ 250	10/1/98	100
G. CHRISTOPHER L. BOWMAN 2225 23d ST SAN FRANCISCO CA 94107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: RETIRED Aggregate Year-to-Date > $ 400	10/15/98	400

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

TOTAL This Period (last page this line number only) 3,070

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21. b

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)
MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PG + E 999 THIRD ST SAN RAFAEL CA 94901	ELECTRICITY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/21/98 11/15/98	75 130
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PACIFIC BELL PAYMENT CENTER SACRAMENTO CA 95887	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/21/98 10/27/98 11/8/98	345 85 609
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MONTECITO MARKETPLACE ASSOC. c/o SEAGATE PROPERTIES 650 CALIFORNIA ST. #1250 SAN FRANCISCO CA 94108	OFFICE RENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/1/98 10/26/98	$17 749
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PATRICE MORSE 642 JONES ST SAN FRANCISCO CA 94102	FUND RAISING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/1/98 11/3/98	1,000 1,000
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
COUNTY OF MARIN AVENUE OF THE FLAGS SAN RAFAEL CA 94903	USE OF FACILITIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/6/98	763
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JOE LoCOCO'S 300 DRAKES LANDING RD. GREENBRAE CA 94904	RESTAURANT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/8/98	525
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
US POSTAL SERVICE 751 E. BLITHEDALE MILL VALLEY CA 94941	STAMPS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/98	1,400
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	7,498

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SCHEDULE C
(Revised 8/80)

LOANS

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full)
MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
MARC WOLIN 108 BAHAMA REEF BEL MARIN KEYS CA 94949	1,000	0	1,000

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	1,000

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

FE7A9047

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-8-98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RC — PREPARER

10-8-98 — DATE PREPARED

(4/98)