

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
OCT 17 1 11 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (SEE INSTRUCTIONS)

AMERICAN & HANS
SUNSHINE COASTS LOCAL BOARD
2000 W. STATE
SUNSHINE COASTS
OR 90170

2. FEC IDENTIFICATION NUMBER
C00276659

3. This committee has qualified as a multi-candidate 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7-1-94</u> through <u>9-30-94</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>94</u>		\$ <u>127</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>502</u>	
(c)	Total Receipts (from Line 19)	\$ <u>6544</u>	\$ <u>15,970</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>7051</u>	\$ <u>16,096</u>
7.	Total Disbursements (from Line 30)	\$ <u>4160</u>	\$ <u>13,204</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>2891</u>	\$ <u>2892</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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: CHARLES W. MAAS

Signature of Treasurer: [Signature] Date: 10-14-94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

9 4 0 3 9 2 9 3 4 5 7

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

(revised 1/1/91)

NAME OF COMMITTEE SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE		REPORT COVERING PERIOD FROM 7-1-91 TO 9-30-91	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts <i>COO 276659</i>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		<i>1637</i>	<i>1637</i>
ii. Unitemized		<i>4712</i>	<i>12634</i>
iii. Total		<i>6349</i>	<i>14271</i>
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions		<i>6349</i>	<i>14271</i>
12. Transfers From Affiliated/Other Party Committees		<i>200</i>	<i>1099</i>
13. All Loans Received			<i>600</i>
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts		<i>6549</i>	<i>15970</i>
20. Total Federal Receipts			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		<i>4159</i>	<i>12604</i>
c. Total Operating Expenditures		<i>4159</i>	<i>12604</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			<i>600</i>
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds			
29. Other Disbursements			
30. Total Disbursements		<i>4159</i>	<i>13204</i>
31. Total Federal Disbursements			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		<i>6349</i>	<i>14271</i>
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		<i>6349</i>	<i>14271</i>
35. Total Federal Operating Expenditures		<i>4159</i>	<i>12604</i>
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures		<i>4159</i>	<i>12604</i>

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER 12

TRANSFERS FROM OTHER PARTY COMM.

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 LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE** C 00276659

24039295459

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMBRIA DEMOCRATIC CLUB PO BOX 474 CAMBRIA CA 93428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	7/19	200
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	200

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER
11A

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NAME OF COMMITTEE (in Full)

SAN LUIS OBISPO COUNTY
DEMOCRATIC CENTRAL COMMITTEE

C00276657

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0
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11

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BRODIE 573 CANTO ST SLO CA 93401	CAL POLY UNIVERSITY	1/14	100
		2/17	24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/18	12
	PROFESSOR	6/18	75
Aggregate Year-to-Date > \$ 221		7/6	10
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/6	78
	RETIRED	7/19	40
Aggregate Year-to-Date > \$ 218			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/6	24
	RETIRED	8/12	32
Aggregate Year-to-Date > \$ 206			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/10	70
	RETIRED	4/14	6
Aggregate Year-to-Date > \$ 200		8/9	30
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/6	100
	CONSULTANT		
Aggregate Year-to-Date > \$ 200			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	3/17	24
	COMPUTER CONSULTANT	8/29	10
Aggregate Year-to-Date > \$ 226		6/17	168
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/19	100
	JUDGE		
Aggregate Year-to-Date > \$ 260			

SUBTOTAL of Receipts This Page (optional)

1637

TOTAL This Period (last page this line number only)

1637

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENSES

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

PAGE 1 OF 1
FOR LINE NUMBER 2113

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NAME OF COMMITTEE (In Full)

SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE

C 0 0 2 7 6 6 5 4

34039293461

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
6000 FIELD CORPORATION 925 E CALIFORNIA #3 SEE LAST REPORT SANTA BARBARA CA 93103	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1 7/1 9/1	475 530 530
PACIFIC GAS & ELECTRIC 406 HIGUERA SLO CA 93401	POWER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly	211
PACIFIC BELL 140 NEW MONTGOMERY SAN FRANCISCO CA 94105	PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	monthly	188
PAUL RICHARDS PAPER 2224 BEEBEE SLO CA 93401	NEWSLETTER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1	356
U.S. POST OFFICE PO BOX 2051 HEWLETT CA 93002	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1	29
CALIFORNIA MID STATE FAIR PO BOX 8 PAPER ROCK CA 93442	TICKET PURCHASES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12	210
CAL POLY STATE UNIV.	FUND FOR BBQ FUND RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1	742
CALIFORNIA STATE DEMO - CRATIC PARTY 2424 K ST SACRAMENTO CA 95816	INSURANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29	370

SUBTOTAL of Disbursements This Page (optional)

3641

TOTAL This Period (last page this line number only)

3641

**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

10-14-94

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



PREPARER

10-17-94
 DATE PREPARED

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