

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
The Democratic Club of the High Desert

ADDRESS (number and street) P.O.Box 1718  
Check if different than previously reported. (ACC) Lancaster CA 93539

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00673442 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(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 (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
07 01 2018 through 09 30 2018

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 Gould, David L, , ,

Signature of Treasurer Gould, David L, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
10 13 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**The Democratic Club of the High Desert**

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="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10582.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3225.16"/>	<input type="text" value="16466.44"/>
(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="13808.00"/>	<input type="text" value="16466.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4882.74"/>	<input type="text" value="7541.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8925.26"/>	<input type="text" value="8925.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**The Democratic Club of the High Desert**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2300.00	13133.40
(ii) Unitemized .....	924.00	2831.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3224.00	15964.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3224.00	16464.40
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.).....	1.16	2.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3225.16	16466.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3225.16	16466.44

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4882.74	7541.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4882.74	7541.18
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	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 Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	4882.74	7541.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4882.74	7541.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3224.00	16464.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3224.00	16464.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4882.74	7541.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4882.74	7541.18

**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 6 OF 13
	<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)  
**The Democratic Club of the High Desert**

**A. Jurca, Catherine**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1845 Niodrara Dr.  
 City Glendale State CA Zip Code 91208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cal Tech Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2018  
**Transaction ID : INCA86**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Demman, Barbara**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3879 Sherview Drive  
 City Sherman Oaks State CA Zip Code 91403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 27 / 2018  
**Transaction ID : INCA57**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Ono, Nadine**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 La Loma Road  
 City Pasadena State CA Zip Code 91105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Public Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 27 / 2018  
**Transaction ID : INCA58**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 7 OF 13
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Democratic Club of the High Desert**

**A. Willard, Cynthia**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Del Rosa Dr.

City PASADENA	State CA	Zip Code 91105
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2018

**Transaction ID : INCA59**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Corbisiero, Lisa**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 W. California Blvd.

City Pasadena	State CA	Zip Code 91005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Huntington Hospital	Occupation (for Individual) Symptom Management Coordinator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2018

**Transaction ID : INCA63**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Marticorena, Dorinda**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 676 La Loma Road

City Pasadena	State CA	Zip Code 91105
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Serendipity & Strategy	Occupation (for Individual) Marketing Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2018

**Transaction ID : INCA64**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 13
	<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	

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NAME OF COMMITTEE (In Full)  
**The Democratic Club of the High Desert**

**A. Treinen, Angela**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2011 Nlodrara Drive

City Glendale	State CA	Zip Code 91208
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arroyo Vista Family Health Center	Occupation (for Individual) Nurse Practitioner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

**Transaction ID : INCA66**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Schlueter, Francesca**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1335 La Solana Dr

City Altadena	State CA	Zip Code 91001
------------------	-------------	-------------------

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

Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Medical Doctor
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼ 2229

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : INCA79**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Tayback, Clare**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1877 McFarlane St

City San Marino	State CA	Zip Code 91108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quinn Emanuel	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : INCA67**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	2300.00



**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"/> 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)  
**The Democratic Club of the High Desert**

Full Name (Last, First, Middle Initial)

**A. International Assoc.of Machinists**

Mailing Address 39047 10th St. E

City Palmdale State CA Zip Code 93550-3417

Purpose of Disbursement  
Room Rental for Meeting

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 01 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB40**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Woodland Hills Printing**

Mailing Address 21602 Ventura Blvd.

City Woodland Hills State CA Zip Code 91364

Purpose of Disbursement  
Printing

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB38**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 44620 Valley Central Way

City Lancaster State CA Zip Code 93536

Purpose of Disbursement  
Office Expenses

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
08 / 08 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB44**  
Amount of Each Disbursement this Period

Memo Item

**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"/> 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)  
**The Democratic Club of the High Desert**

Full Name (Last, First, Middle Initial)

**A. Syness, Tyler, , ,**

Mailing Address 40454 La Quinta Ct.

City Palmdale State CA Zip Code 93551

Purpose of Disbursement  
Intern Stipend

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB49**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. International Assoc.of Machinists**

Mailing Address 39047 10th St. E

City Palmdale State CA Zip Code 93550-3417

Purpose of Disbursement  
Room Rental for Meeting

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 06 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB50**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Inquipus Computers**

Mailing Address 820 East Ave K

City Lancaster State CA Zip Code 93535-4766

Purpose of Disbursement  
Office Equipment

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 11 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB51**  
Amount of Each Disbursement this Period

Memo Item

**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"/> 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)  
**The Democratic Club of the High Desert**

**A. Syness, Tyler, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 40454 La Quinta Ct.

City Palmdale State CA Zip Code 93551

Purpose of Disbursement Intern Stipend

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2018

FEC Identification Number: C

Transaction ID : EXPB52

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Ross, Tae'lor, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4563 W. Ave M-4, Unit Q

City Quartz Hill State CA Zip Code 93536-2948

Purpose of Disbursement Intern Stipend

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : EXPB55

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 44620 Valley Central Way

City Lancaster State CA Zip Code 93536

Purpose of Disbursement Office Equipment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2018

FEC Identification Number: C

Transaction ID : EXPB54

Amount of Each Disbursement this Period: 274.81

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1774.81

**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"/> 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)  
**The Democratic Club of the High Desert**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 44620 Valley Central Way

City Lancaster State CA Zip Code 93536

Purpose of Disbursement  
Office Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 24 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB71**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Syness, Tyler, , ,**

Mailing Address 40454 La Quinta Ct.

City Palmdale State CA Zip Code 93551

Purpose of Disbursement  
Intern Stipend

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB74**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 44620 Valley Central Way

City Lancaster State CA Zip Code 93536

Purpose of Disbursement  
Office Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB72**  
Amount of Each Disbursement this Period

Memo Item

**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"/> 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)  
**The Democratic Club of the High Desert**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 44620 Valley Central Way

City Lancaster State CA Zip Code 93536

Purpose of Disbursement  
Office Expenses

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number  
  
**Transaction ID : EXPB73**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

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  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

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

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