

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
West LA Democratic Club

ADDRESS (number and street) PO Box 8  
 Check if different than previously reported. (ACC)  
Venice CA 90294

2. **FEC IDENTIFICATION NUMBER** C00407007  
**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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 06 30 2007

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 Maria DiGregorio

Signature of Treasurer Electronically Filed by Maria DiGregorio Date 07 23 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
West LA Democratic Club

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">5447.22</td></tr></table>	5447.22	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">5447.22</td></tr></table>	5447.22
Y	Y	Y	Y									
2	0	0	7									
5447.22												
5447.22												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">5447.22</td></tr></table>	5447.22										
5447.22												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">7433.26</td></tr></table>	7433.26	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">7433.26</td></tr></table>	7433.26								
7433.26												
7433.26												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">12880.48</td></tr></table>	12880.48	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">12880.48</td></tr></table>	12880.48								
12880.48												
12880.48												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">6199.64</td></tr></table>	6199.64	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">6199.64</td></tr></table>	6199.64								
6199.64												
6199.64												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">6680.84</td></tr></table>	6680.84	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">6680.84</td></tr></table>	6680.84								
6680.84												
6680.84												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">614.29</td></tr></table>	614.29										
614.29												

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  
West LA Democratic Club

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	220.00	220.00
(i) Itemized (use Schedule A) .....	7213.26	7213.26
(ii) Unitemized .....	7433.26	7433.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7433.26	7433.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	.00	.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 .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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 Transfer (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)) .....	7433.26	7433.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7433.26	7433.26

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	5974.64	5974.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5974.64	5974.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125.00	125.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	0.00
27. Loans Made.....	0.00	.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.....	100.00	100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6199.64	6199.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6199.64	6199.64

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7433.26	7433.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7433.26	7433.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5974.64	5974.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5974.64	5974.64

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 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"/> 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)  
West LA Democratic Club

**A.** Full Name (Last, First, Middle Initial)  
Marsha L Oskey

Mailing Address 4626 Via Marina

City State Zip Code  
Marina Del Rey CA 90292

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

Name of Employer Occupation  
Quest Diagnostics Medical Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2007

**Transaction ID:** SA11ai00000000486803

Amount of Each Receipt this Period  
220.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	220.00

**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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Inside Out</b>		<b>Transaction ID:</b> SB21b00000000491496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 363 N Camden Dr		Amount of Each Disbursement this Period 50.00
City Beverly Hills State CA Zip Code 90210	Purpose of Disbursement Facilities rent for Nov 30th event Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Inside Out</b>		<b>Transaction ID:</b> SB21b000000000510893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 363 N Camden Dr		Amount of Each Disbursement this Period 50.00
City Beverly Hills State CA Zip Code 90210	Purpose of Disbursement Facilities & Equipment Use for Event Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Inside Out</b>		<b>Transaction ID:</b> SB21b000000000511184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 363 N Camden Dr		Amount of Each Disbursement this Period 50.00
City Beverly Hills State CA Zip Code 90210	Purpose of Disbursement Equipment Rental for Non-Cand Event Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Inside Out</b>		<b>Transaction ID:</b> SB21b00000000511188 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 363 N Camden Dr		Amount of Each Disbursement this Period 92.75
City Beverly Hills State CA Zip Code 90210	007 Category/ Type	
Purpose of Disbursement Equipment Repair		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Inside Out</b>		<b>Transaction ID:</b> SB21b00000000511346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 363 N Camden Dr		Amount of Each Disbursement this Period 50.00
City Beverly Hills State CA Zip Code 90210	007 Category/ Type	
Purpose of Disbursement Equipment Rental for Non-Cand Event		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Inside Out</b>		<b>Transaction ID:</b> SB21b00000000511436 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 7
Mailing Address 363 N Camden Dr		Amount of Each Disbursement this Period 85.00
City Beverly Hills State CA Zip Code 90210	007 Category/ Type	
Purpose of Disbursement Equipment Rental for Non-Cand Event		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	227.75
<b>TOTAL</b> 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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Nadia Lawrence</b>		<b>Transaction ID:</b> SB21b00000000511327 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 7
Mailing Address 808 4th St. #208		Amount of Each Disbursement this Period 94.37
City Santa Monica State CA Zip Code 90403	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nadia Lawrence</b>		<b>Transaction ID:</b> SB21b00000000511456 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 808 4th St. #208		Amount of Each Disbursement this Period 114.50
City Santa Monica State CA Zip Code 90403	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marc Saltzberg</b>		<b>Transaction ID:</b> SB21b00000000491466 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 204.97
City Venice State CA Zip Code 90292	Purpose of Disbursement Newsletter Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	413.84
<b>TOTAL</b> 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)

PAGE 10 / 21

<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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Marc Saltzberg</b>		<b>Transaction ID:</b> SB21b00000000491475 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 306.00
City Venice State CA Zip Code 90292	Purpose of Disbursement Web Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. The Argonaut Inc</b>		<b>Transaction ID:</b> SB21b000000000511331 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 7
Mailing Address PO Box 11209		Amount of Each Disbursement this Period 251.00
City Marina Del Rey State CA Zip Code 90295	Purpose of Disbursement Ad in Publication Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. The Argonaut Inc</b>		<b>Transaction ID:</b> SB21b000000000511455 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address PO Box 11209		Amount of Each Disbursement this Period 251.00
City Marina Del Rey State CA Zip Code 90295	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	808.00
<b>TOTAL</b> 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)

PAGE 11 / 21

<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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Venice United Methodist Church</b>		<b>Transaction ID:</b> SB21b00000000491491 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 1020 Victoria Av		Amount of Each Disbursement this Period 392.50
City Venice State CA Zip Code 90291	Purpose of Disbursement Nov 30th and Jan 16 event hosting Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Venice United Methodist Church</b>		<b>Transaction ID:</b> SB21b000000000510914 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 1020 Victoria Av		Amount of Each Disbursement this Period 150.00
City Venice State CA Zip Code 90291	Purpose of Disbursement Facilities Use for Event Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Venice United Methodist Church</b>		<b>Transaction ID:</b> SB21b000000000511345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 1020 Victoria Av		Amount of Each Disbursement this Period 450.00
City Venice State CA Zip Code 90291	Purpose of Disbursement Facilities Use for Non-Cand Events Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	992.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 21

<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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Kelley Willis</b>		Transaction ID: SB21b00000000491459 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 1131.42	
City Marina Del Rey State CA Zip Code 90292	Purpose of Disbursement Newsletter postage and printing Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kelley Willis</b>		Transaction ID: SB21b000000000510926 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 370.34	
City Marina Del Rey State CA Zip Code 90292	Purpose of Disbursement Newsletter Printing Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kelley Willis</b>		Transaction ID: SB21b000000000511221 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 546.02	
City Marina Del Rey State CA Zip Code 90292	Purpose of Disbursement Newsletter Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2047.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 21

<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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial) <b>A. Kelley Willis</b>		<b>Transaction ID:</b> SB21b00000000511337 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 167.14
City Marina Del Rey      State CA      Zip Code 90292		
Purpose of Disbursement Newsletter	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kelley Willis</b>		<b>Transaction ID:</b> SB21b00000000511451 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 35 Buccaneer		Amount of Each Disbursement this Period 19.84
City Marina Del Rey      State CA      Zip Code 90292		
Purpose of Disbursement Supplies for Non-Cand Event	Category/ Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

186.98

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

4826.85

**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)

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<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)  
West LA Democratic Club

Full Name (Last, First, Middle Initial)

**A.** Democratic State Central Comm Of CA Fed

Mailing Address 1401 21st St #100

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23000000000511447

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

125.00

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

125.00

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

125.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
West LA Democratic Club

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Goodman, Julie	Nature of Debt (Purpose): Photocopies for Club Meeting
Mailing Address 1247 Lincoln #171	
City State ZIP Code Santa Monica CA 90401	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD100000000000006068	
Amount Incurred This Period 24.84	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.84

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Argonaut Inc	Nature of Debt (Purpose): Newspaper Ad
Mailing Address PO Box 11209	
City State ZIP Code Marina Del Rey CA 90295	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD100000000000006066	
Amount Incurred This Period 489.45	Payment This Period 0.00	Outstanding Balance at Close of This Period 489.45

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Venice United Methodist Church	Nature of Debt (Purpose): Facilities Use for Non-Ca-nd Meetings
Mailing Address 1020 Victoria Av	
City State ZIP Code Venice CA 90291	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD100000000000006067	
Amount Incurred This Period 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	614.29
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	614.29
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

Image# 27990432548

Form/Schedule: **SB21b** 5/07/2007, \$14.16, 7-Eleven, 1516 Lincoln Blvd, Venice, CA, 90291, Drinks for Event; 5/07/2007, \$5.68, Staples,  
Transaction ID: **SB21b00000000511451** 1501 Lincoln Blvd, Venice, CA, 90291, Paper cards for Event.

Form/Schedule: **SB21b** 4/09/2007, \$156, Venice Main Post Office, 1601 Main Street, Venice, CA, 90291, Postage. 4/09/2007, \$11.14, St-  
Transaction ID: **SB21b00000000511337** aples, 1501 Lincoln Blvd, Venice, CA, 90291, Labels for Newsletter.

\*\*\*\*\*



**Image# 27990432549**

Form/Schedule: **SB21b** 6/04/2007, \$114.50, Staples, 1610 Wilshire Blvd, Santa Monica, CA, 90403, Office Supplies.

Transaction ID: **SB21b00000000511456**

Form/Schedule: **SD10** 6/30/07, \$24.84, Kinko's, 601 Wilshire Blvd., Santa Monica, CA 90401-1501, Photocopies for E-Board Meeting

Transaction ID: **SD1000000000006068**

\*\*\*\*\*

**Image# 27990432550**

Form/Schedule: **SB23** 5/7/2007, \$125, Cara Robin, 6036 W 85th Pl, Los Angeles, CA, 90009, Reimbursement for payment to Democratic State Central Committee of California.  
Transaction ID: **SB23000000000511447**

Form/Schedule: **SB21b** 4/07/2007, Staples, 1610 Wilshire Boulevard, Santa Monica, CA, 90403, Office Supplies.  
Transaction ID: **SB21b00000000511327**

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**Image# 27990432551**

Form/Schedule: **SB21b** 1/8/07, \$204.97, US Post Office, Venice Main Post Office, 1601 Main Street, Venice, CA, 90291, Postage  
Transaction ID: **SB21b00000000491466**

Form/Schedule: **SB21b** 1/8/07, \$397.80, US Post Office, Venice Main Post Office, 1601 Main Street, Venice, CA, 90291, Postage; 1/8/0-  
7, \$733.62, Brintland, 714 Wilshire Blvd., Santa Monica, CA 90401, Newsletter Printing  
Transaction ID: **SB21b00000000491459**

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**Image# 27990432552**

Form/Schedule: **SB21b** 1/8/07, \$306.00, Constant Contact, 1601 Trapelo Rd., #329, Waltham, MA 02451, Mass Emails  
Transaction ID: **SB21b000000000491475**

Form/Schedule: **SB21b** 3/14/2007, \$378.88, Printland, 714 Wilshire Blvd, Santa Monica, CA, 90401, Newsletter Printing; 3/14/2007, \$11-  
Transaction ID: **SB21b000000000511921** 14, Staples, 1501 Lincoln Blvd, Venice, CA, 90291, Labels for Newsletter; 3/14/2007, \$156, Venice Main Post  
Office, 1601 Main Street, Venice, CA, 90291, Postage.

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**Image# 27990432553**

Form/Schedule: **SB21b** 2/12/2007, \$156, Venice Main Post Office, 1601 Main Street, Venice, CA, 90291, Postage; 2/12/2007, \$214.34, Pr-  
intland, 714 Wilshire Blvd, Santa Monica, CA, Printing.  
Transaction ID: **SB21b00000000510926**

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