

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEDERAL OPERATIONS CENTER

700 OCT 18 9 11 15

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Examples: If typing, type over the lines. 12FE4MS SAN LUIS OBISPO COUNTY DEMOCRAT CENTRAL COMMITTEE

ADDRESS (number and street) Check if different than previously reported. (ACC) 1110 MORRIS SAN LUIS OBISPO CA 93406

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) C100276659

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. Election on 11 02 2004 in the State of CA. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on in the State of

5. Covering Period 07 01 2004 through 09 30 2004

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 LEE GREENAWALT Signature of Treasurer [Signature] Date 10 10 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name:

SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period:

From:

07 01 2004

To:

09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		10081.49
(b) Cash on Hand at Beginning of Reporting Period	11547.73	
(c) Total Receipts (from Line 1a)	26362.29	34670.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37910.02	44330.73
7. Total Disbursements (from Line 3a)	14798.10	21618.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23111.92	23111.92
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)	0	

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

For further information contact:

Federal Election Commission
989 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period: From:

07 01 2004

To:

09 30 2004

Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	39,590.00	
(i) Itemized (use Schedule A)	22,403.29	
(ii) Unitemized	17,186.71	
(b) TOTAL (add Lines 11(a)(i) and (ii))	26,362.29	34,670.24
(c) Political Party Committees	0	0
(d) Other Political Committees (such as PACs)	0	0
(e) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	26,362.29	34,670.24
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 36, page 4)	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 Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(e), 12, 13, 14, 15, 16, 17, and 18)	26,362.29	34,670.24
20. Total Federal Receipts (subtract Line 18 from Line 19)	26,362.29	34,670.24

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 5X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	517934	
(ii) Non-Federal Share	961876	1080990
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	1479810	2161981
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	517934	756690
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	2636229	3467024
33. Total Contribution Refunds (from Line 28(d))	0	
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2636229	3467024
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	517934	756690
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	517934	756690

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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. CALIF DEM PARTY

Mailing Address
1401 21ST ST STE 100

City State Zip Code
SACRAMENTO CA 95814

FEC ID number of contributing federal political committee.
C00105668

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
1711.00

Date of Receipt
____/____/____

Amount of Each Receipt this Period
1711.00

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

Mailing Address
3150 ARDILLA

City State Zip Code
____ CA **93422**

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
200.00

Date of Receipt
09 15 2004

Amount of Each Receipt this Period
200.00

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

Mailing Address
1491 GREENBRIER PL

City State Zip Code
SAN LUIS OBISPO CA 93401

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
SELF PUBLISHER

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
587.00

Date of Receipt
07 09 2004

Amount of Each Receipt this Period
587.00

SUBTOTAL of Receipts This Page (optional) **2498.00**

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 OF	
<input 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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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NAME OF COMMITTEE (in Full)
SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FOY GENEVIEVE

Mailing Address
80 8TH ST

City **SAN LUIS OBISPO** State **CA** Zip Code **93430**

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

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: **200.00**

Date of Receipt: **07 27 2004**

Amount of Each Receipt this Period: **200.00**

B. Full Name (Last, First, Middle Initial)
HARRIS-LARIN, PATRICIA

Mailing Address
2106 FERN ST

City **CAMBRIA** State **CA** Zip Code **93428**

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

Name of Employer: Occupation: **RETIRED**

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: **200.00**

Date of Receipt: **08 09 2004**

Amount of Each Receipt this Period: **221.00**

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

Mailing Address
583 PRINCETON

City **SAN LUIS OBISPO** State **CA** Zip Code **93405**

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

Name of Employer: Occupation: **RETIRED**

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: **200.00**

Date of Receipt: **09 15 2004**

Amount of Each Receipt this Period: **100.00**

SUBTOTAL of Receipts This Page (optional): **521.00**

TOTAL This Period (last page this line number only): **1**

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

A. LESLIE CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2311 HUMBOLT**
 City: **LOS OSOS** State: **CA** Zip Code: **93402**
 Date of Receipt: **07/14/2004**
 Amount of Each Receipt this Period: **100.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation: **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **200.00**

B. McLAREN, ARCHIE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **BOX 790**
 City: **AVILA BEACH** State: **CA** Zip Code: **93424**
 Date of Receipt: **07/24/2004**
 Amount of Each Receipt this Period: **200.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation: **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **200.00**

C. PERELLO DOMINIC
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1591 SLACK ST**
 City: **SAN LUIS OBISPO** State: **CA** Zip Code: **93405**
 Date of Receipt: **07/27/2004**
 Amount of Each Receipt this Period: **200.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation: **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **340.00**

SUBTOTAL of Receipts This Page (optional): **500.00**
 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		OF
<input 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)

SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. SALTER BETTINA

Mailing Address

14080 SAN ANTONIO RD.

City

State

Zip Code

93422

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 27 2004

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. HUNTER LLYN

Mailing Address

5105 CASCADES

City

State

Zip Code

ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 21 2004

Amount of Each Receipt this Period

240.00

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)

TOTAL This Period (last page this line number only)

440.00

**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)						PAGE	OF		
<input 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)
SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

A. GOODFIELD

Full Name (Last, First, Middle Initial)

Mailing Address: **BOX 1117**

City: **SUMMERLAND** State: **CA** Zip Code: **93067**

Purpose of Disbursement: **3 MONTHS RENT @ 550 PER MO**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **09** / **05** / **2000**

Amount of Each Disbursement this Period: **165.00**

Category/Type: **021**

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **165.00**

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)

PAGE OF

<input 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"/> 30a

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NAME OF COMMITTEE (in Full)

SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. ATASCADERO NEWS

Date of Disbursement

07 22 2004

Mailing Address

5660 EL CAMINO

City: ATASCADERO CA State: CA Zip Code: 93422

Purpose of Disbursement

BROADSIDE PRINTED

0.04

Amount of Each Disbursement this Period

767.54

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. GREENAWALT LEE

Date of Disbursement

08 24 2004

Mailing Address

499 NEVIS

City: MORRO BAY CA State: CA Zip Code: 93442

Purpose of Disbursement

NEWS PAPER ADVERTISING

00.4

Amount of Each Disbursement this Period

627.00

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. POSTMASTER SAN LUIS OBISPO

Date of Disbursement

07 23 2004

Mailing Address

1655 DALIDIO DR

City: SAN LUIS OBISPO CA State: CA Zip Code: 93401

Purpose of Disbursement

MAILING BROADSIDE NEWS

00.4

Amount of Each Disbursement this Period

420.00

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

2819.54

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)						PAGE	OF
	<input 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"/> 28	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (in full)
SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

A. **ROBINSON ANN**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5445 PASO DE VACA**
 City: **PASO ROBLES CA** State: **CA** Zip Code: **93401**
 Purpose of Disbursement: **PRINT BROADSIDE NEWS**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: **03 / 03 / 2004**
 Amount of Each Disbursement this Period: **250.00**
 Category/Type: **004**

B. _____
 Full Name (Last, First, Middle Initial)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: _____
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: _____
 Amount of Each Disbursement this Period: _____
 Category/Type: _____

C. _____
 Full Name (Last, First, Middle Initial)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: _____
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: _____
 Amount of Each Disbursement this Period: _____
 Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) **250.00**
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)				PAGE	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
SAN LUIS OBISPO DEMOCRATIC CENTRAL COMMITTEE

A. LEFT COAST ENTERPRISES

Full Name (Last, First, Middle Initial)

Address: **233 GRANADA DR**

City: **SAN LUIS OBISPO CA** State: **CA** Zip Code: **93401**

Purpose of Disbursement: **VOLUNTEER T-SHIRTS**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **v**

Date of Disbursement: **07 32 2004**

Amount of Each Disbursement this Period: **00.6** Category/Type

Amount of Each Disbursement this Period: **543.67**

B. POOR RICHARDS PRESS

Full Name (Last, First, Middle Initial)

Address: **2224 BEEBEE ST**

City: **SAN LUIS OBISPO CA** State: **CA** Zip Code: **93401**

Purpose of Disbursement: **FLIERS VOTING SLATES**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **v**

Date of Disbursement: **07 32 2004**

Amount of Each Disbursement this Period: **00.6** Category/Type

Amount of Each Disbursement this Period: **1356.47**

C.

Full Name (Last, First, Middle Initial)

Address:

City:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **v**

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) **2,200.13**

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 type="checkbox"/> 21a	<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"/> 30

PAGE OF

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. MID STATE FAIR

Date of Disbursement
07 / 17 / 2004

Mailing Address
BOX 8
City: PASO ROBLES CA Zip Code: 93447
Purpose of Disbursement
STAFF FAIR BOOTH
Candidate Name

Amount of Each Disbursement this Period
0.07
424.00
Category/Type

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

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

Date of Disbursement

Mailing Address
City: State Zip Code
Purpose of Disbursement
Candidate Name

Amount of Each Disbursement this Period
Category/Type

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

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

Date of Disbursement

Mailing Address
City: State Zip Code
Purpose of Disbursement
Candidate Name

Amount of Each Disbursement this Period
Category/Type

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

SUBTOTAL of Disbursements This Page (optional) 424.00
TOTAL This Period (last page this line number only) 5,853.67

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE (In Full)
SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMMITTEE

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) [] %

Presidential Year (85%)

All Other Years (80%)

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (85%) (If checked, enter 85% in box to right) [] %

OF

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal [] %
- Estimated Direct Candidate Support -- Non-Federal [] %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal [] %

Actual Direct Candidate Support -- Non-Federal [] %

NOTE: Funds expended must be used if the Federal proportion is greater than 85% in any year.

C. SEPARATE SEREGATED FUNDS AND NON-CONECTED COMMITTEES

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal [] %
- Estimated Direct Candidate Support -- Non-Federal [] %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal [] %

Actual Direct Candidate Support -- Non-Federal [] %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

- 1. President (1 Point)
- 2. U.S. Senate (1 Point)
- 3. U.S. Congress (1 Point)
- 4. SUBTOTAL - Federal (ADD 1, 2, AND 3)
- 5. Governor (1 Point)
- 6. Other Statewide Office(s) (1 or 2 Points)
- 7. State Senate (1 Point)
- 8. State Representative (1 Point)
- 9. Local Candidates (1 or 2 Points)
- 10. Extra Non-Federal Point (1 Point)
- 11. SUBTOTAL - Non-Federal (Add 5, 6, 7, 8, 9, and 10)
- 12. TOTAL POINTS (Line 4 plus Line 11)

NUMBER OF POINTS
1
1
1
3
1
1
1
1
1
6
9

FEDERAL ALLOCATION = Line 4 divided by Line 12 [] %

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-13-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JS</i> PREPARER	10-19-04 DATE PREPARED