

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 22 12 46 PM '96

Please note

2 reports are

enclosed

(one original
one amendment)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 22 12 46 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|--|
| 1. NAME OF COMMITTEE (in full) County Democratic Central Committee | | 2. FEC IDENTIFICATION NUMBER C00276659 |
| ADDRESS (Number and Street) <i>Check if different than previously reported</i> Post Office Box 15155 San Luis Obispo, CA 93406 | | |
| CITY, STATE and ZIP CODE | | |
| 3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date). | | |

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 This Period | COLUMN B Calendar Year-to-Date |
|---|--------------------------------------|-------------------------|-----------------------------------|
| 5. Covering Period | <u>7-1-96</u> through <u>9-30-96</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>96</u> | | | \$ <u>1654</u> |
| (b) Cash on Hand at Beginning of Reporting Period | | \$ <u>3783</u> | |
| (c) Total Receipts (from Line 19) | | \$ <u>5625</u> | \$ <u>14884</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | \$ <u>9408</u> | \$ <u>16538</u> |
| 7. Total Disbursements (from Line 30) | | \$ <u>6425</u> | \$ <u>13555</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | | \$ <u>2983</u> | \$ <u>2983</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

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

| | |
|--|-------------------------|
| Type or Print Name of Treasurer CHARLES W. MARRS | Date 10-13-96 |
| Signature of Treasurer <i>Charles W. Marrs</i> | |

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

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

(revised 1/1/91)

| NAME OF COMMITTEE County Democratic Central Committee Post Office Box 15155 San Luis Obispo, CA 93406 Receipts | | REPORT COVERING PERIOD FROM 7-1-90 TO 9-30-90 | |
|---|--|--|---------------------------|
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | | 72 | 475 |
| ii. Unitemized | | 4939 | 12675 |
| iii. Total (add i and ii) > | | 5011 | 13150 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions (add a ii, b and c) > | | 5011 | 13150 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | 5625 | 14884 |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | | 5625 | 14884 |
| 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 | | 6425 | 13555 |
| c. Total Operating Expenditures (add a i, a ii, and b) > | | 6425 | 13555 |
| 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) | | | |
| 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 (add a, b and c) > | | | |
| 29. Other Disbursements | | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | 6425 | 13555 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | | |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | 5011 | 13150 |
| 33. Total Contribution Refunds (from line 28d) | | | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | | |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | | 6425 | 13555 |
| 36. Offsets to Operating Expenditures (from line 15) | | | |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | | 6425 | 13555 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 1191 / 12

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)

County Democratic Central Committee
Post Office Box 15155
San Luis Obispo, CA 93406

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-------------------|---------------------------------|------------------------------------|
| CALIFORNIA STATE DEMOCRATIC PARTY 911 20th ST SACRAMENTO CA 95814 | REGISTRAR GENERAL | 8/2/96 | 414 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 779 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MUNICIPAL MARCA 490 LOS OSOS VALLEY RD LOS OSOS CA 93412 | RETIRED | 9/2 | 72 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 275 | |
| C. 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 47K CAMBRIA CA 93424 | | 8/17 | 100 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| SOUTH COUNTY DREAM CLUB PO Box 15155 SLC CA 93406 | | 7/7 | 100 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| 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 | Aggregate Year-to-Date > \$ | |
| 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 | Aggregate Year-to-Date > \$ | |
| 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 | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional)

686

TOTAL This Period (last page this line number only)

686

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21 B

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NAME OF COMMITTEE (in Full)

County Democratic Central Committee
Post Office Box 15155
San Luis Obispo, CA 93406

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|---|--|
| BETTY'S BUILDINGS PO Box 1117 Summerland CA 93067 | OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/27/23 Monthly | 2268 |
| COUNTY TELEGRAM - TRIBUNE 3125 S. ALBUQUERQUE SLO CA 93401 | Purpose of Disbursement BIMONTHLY NEWSLETTER FROM AMY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/8/96 9/12 | 195.29 324.42 |
| C. Full Name, Mailing Address and ZIP Code KINEGS PO Box 8033 VENTURA CA 93002 | Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 7/16 7/30 | Amount of Each Disbursement This Period 31 25 |
| D. Full Name, Mailing Address and ZIP Code BUSINESS IMPROVEMENT ASSN PO Box 1462 SLO CA 93401 | Purpose of Disbursement STREET FARE TABLE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 7/23 | Amount of Each Disbursement This Period 60 |
| E. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE PO Box 8035 VENTURA CA 93012 | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/10 | Amount of Each Disbursement This Period 92 |
| F. Full Name, Mailing Address and ZIP Code PAULINE BELL 406 ALBUQUERQUE SLO CA 93401 | Purpose of Disbursement OFFICE PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period 319 |
| G. Full Name, Mailing Address and ZIP Code SMART & FINAL 277 ALBUQUERQUE SLO CA 93401 | Purpose of Disbursement FOOD - FUND RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/29 8/31 | Amount of Each Disbursement This Period 277 42 |
| H. Full Name, Mailing Address and ZIP Code LUCKY STORES 771 FOOTHILL BLVD SLO CA 93405 | Purpose of Disbursement FOOD - FUND RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/31 | Amount of Each Disbursement This Period 125 |
| I. Full Name, Mailing Address and ZIP Code AMEL FOOD STORES 830 CANTON WAY SLO CA 93406 | Purpose of Disbursement FOOD - FUND RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/31 | Amount of Each Disbursement This Period 213 |

SUBTOTAL of Disbursements (This Page optional)

3359

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 2113

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NAME OF COMMITTEE (in Full)

County Democratic Central Committee
Post Office Box 15155

SAN LEAN COUNTY, CA 93406

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| SEO CHAMBER OF COMMERCE | ① Booth Rental ② membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | ① 9/18 ② 9/23 | 225 98 |
| CALIFORNIA DEMOCRATIC PARTY | INSURANCE LIABILITY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/26 | 425 |
| POOR RICHARDS PRESS | SLATE MAILER PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/6 | 323 |
| CAL POL YOUNG DEMOCRATS C/O CAROL BARKLEY PO Box 15155 SLO CA 93406 | ORGANIZATION FUNDING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/4 | 200 |
| CUESTA COLL. Young C/O CATHERINE HICKS PO Box 15155 SLO CA 93406 | ORGANIZATION FUNDING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/24 | 200 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

1471

TOTAL This Period (last page this line number only)

4830

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

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

PREPARED

DATE PREPARED