

# 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  
San Francisco Democratic County Central Committee

ADDRESS (number and street) 8581 Santa Monica Blvd., #504  
 Check if different than previously reported. (ACC)  
West Hollywood CA 90069

2. **FEC IDENTIFICATION NUMBER** C00392928  
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 04 01 2005 through 06 30 2005

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 Meagan Levitan

Signature of Treasurer Electronically Filed by Meagan Levitan Date 02 10 2006

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**

Write or Type Committee Name  
San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">4303.83</td></tr></table>	4303.83
Y	Y	Y	Y									
2	0	0	5									
4303.83												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">1316.19</td></tr></table>	1316.19										
1316.19												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">21898.31</td></tr></table>	21898.31	<table border="1" style="width: 100%;"><tr><td align="center">30442.73</td></tr></table>	30442.73								
21898.31												
30442.73												
(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%;"><tr><td align="center">23214.50</td></tr></table>	23214.50	<table border="1" style="width: 100%;"><tr><td align="center">34746.56</td></tr></table>	34746.56								
23214.50												
34746.56												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">18852.54</td></tr></table>	18852.54	<table border="1" style="width: 100%;"><tr><td align="center">30384.60</td></tr></table>	30384.60								
18852.54												
30384.60												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">4361.96</td></tr></table>	4361.96	<table border="1" style="width: 100%;"><tr><td align="center">4361.96</td></tr></table>	4361.96								
4361.96												
4361.96												
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%;"><tr><td 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%;"><tr><td align="center">4751.02</td></tr></table>	4751.02										
4751.02												

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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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		
(i) Itemized (use Schedule A) .....	7925.00	10053.00
(ii) Unitemized .....	11192.00	11192.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19117.00	21245.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	25.00	25.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	19142.00	21270.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	2000.00	2000.00
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.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	756.31	7172.73
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	756.31	7172.73
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21898.31	30442.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21142.00	23270.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	411.36	4126.64
(ii) Non-Federal Share.....	756.31	5252.72
(b) Other Federal Operating Expenditures.....	17684.87	21005.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18852.54	30384.60
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 Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
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))..	18852.54	30384.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18096.23	25131.88

**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 .....	19142.00	21270.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19142.00	21270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18096.23	25131.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18096.23	25131.88

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<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)  
San Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
James L. Lazarus

Mailing Address 65 5th Avenue

City State Zip Code  
San Francisco CA 94118

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

Name of Employer San Francisco History Museum  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 5

Transaction ID: INC:A:92

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Meagan Levitan

Mailing Address 8 7th Avenue

City State Zip Code  
San Francisco CA 94118

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

Name of Employer Hill & Co  
Occupation Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 5

Transaction ID: INC:A:91

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Covinsky

Mailing Address 1659 12th Avenue

City State Zip Code  
San Francisco CA 94122

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

Name of Employer OCSF  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 5

Transaction ID: INC:A:97

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<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)  
San Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Col. Jennifer Alexander

Mailing Address 2338 California Street

City State Zip Code  
San Francisco CA 94115

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 5

Transaction ID: INC:A:93

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Constance J. O'Connor

Mailing Address 30 Chicago Way

City State Zip Code  
San Francisco CA 94112

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

Name of Employer Occupation  
C&Co San Francisco Deputy Sheriff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 5

Transaction ID: INC:A:94

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Betty Yee

Mailing Address 1425 Taraval Street

City State Zip Code  
San Francisco CA 94116

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

Name of Employer Occupation  
State Board of Equalization Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 5

Transaction ID: INC:A:95

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Paula Kitses</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 675 Waller Street		<b>Transaction ID: INC:A:118</b>	
City State Zip Code San Francisco CA 94117		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation United Airlines Flight Attendant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Jung</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2005	
Mailing Address 320 San Leandro Way		<b>Transaction ID: INC:A:117</b>	
City State Zip Code San Francisco CA 94127		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SF Public Utils Cmsn Commission Secretary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dick Grosboll</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2005	
Mailing Address 44 Montgomery Street		<b>Transaction ID: INC:A:125</b>	
City State Zip Code San Francisco CA 94104		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Neyhart, Anderson, Freita- s. Flynn & Gr Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A.</b> William M. Brinton		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 5	
Mailing Address 2434 Broadway Street		<b>Transaction ID:</b> INC:A:123	
City State Zip Code San Francisco CA 94115	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA Occupation Retired	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Robert D. Dockendorff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 5	
Mailing Address 260 Amber Drive		<b>Transaction ID:</b> INC:A:124	
City State Zip Code San Francisco CA 94131-1628	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA Occupation Retired	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel J. Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 5	
Mailing Address 564 Liberty Street		<b>Transaction ID:</b> INC:A:129	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-employed (same name) Occupation City Planning Consultant	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Maryon Davies Lewis		Date of Receipt MM / DD / YYYY 05 / 17 / 2005
Mailing Address 2900 Broadway Street		<b>Transaction ID:</b> INC:A:126
City State Zip Code San Francisco CA 94115	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer NA Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) <b>B.</b> Elaine T. Pelavin		Date of Receipt MM / DD / YYYY 05 / 17 / 2005
Mailing Address 90 Woodland Avenue		<b>Transaction ID:</b> INC:A:127
City State Zip Code San Francisco CA 94117	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Self-employed (same name) Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph G. Ansel, Jr.		Date of Receipt MM / DD / YYYY 05 / 18 / 2005
Mailing Address 285 Morning Sun Avenue		<b>Transaction ID:</b> INC:A:122
City State Zip Code Mill Valley CA 94941	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00
Name of Employer Ansel & Associates Occupation Designer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<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)  
San Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Col. Jennifer Alexander

Mailing Address 2338 California Street

City State Zip Code  
San Francisco CA 94115

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 5

Transaction ID: INC:A:121

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
JaMel S. Perkins

Mailing Address 3565 Washington Street

City State Zip Code  
San Francisco CA 94118

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

Name of Employer Occupation  
San Francisco Education Fund Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 5

Transaction ID: INC:A:149

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Roslyn Robbins Dienstein

Mailing Address PO Box 640383

City State Zip Code  
San Francisco CA 94164

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 5

Transaction ID: INC:A:147

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<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)  
San Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Dorothy N. Lathan

Mailing Address 2350 48th Avenue

City San Francisco State CA Zip Code 94116

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

Name of Employer Museum of the African Diaspora Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 1 / 2 0 0 5

**Transaction ID:** INC:A:148

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Jeffrey

Mailing Address 895 29th Avenue Apt 301

City San Francisco State CA Zip Code 94121-3551

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

Name of Employer Requested 05 Occupation Requested 05

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 5

**Transaction ID:** INC:A:116

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
Steven J. Spears

Mailing Address 2691 16th Avenue

City State Zip Code

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

Name of Employer State of California Occupation Seasonal Employer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 5

**Transaction ID:** INC:A:128

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 33
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert D. Dockendorff		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 5	
Mailing Address 260 Amber Drive		<b>Transaction ID:</b> INC:A:134	
City State Zip Code San Francisco CA 94131-1628	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NA Occupation Retired	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth B. Denebeim		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 5	
Mailing Address 200 Saint Francis Blvd		<b>Transaction ID:</b> INC:A:151	
City State Zip Code San Francisco CA 94127	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Institute on Aging Occupation Director	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Randall P. Harrison		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address PO Box 22541		<b>Transaction ID:</b> INC:A:152	
City State Zip Code San Francisco CA 94122	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Requested 05 Occupation Requested 05	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Betty Yee		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005
Mailing Address 1425 Taraval Street		<b>Transaction ID:</b> INC:A:153
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Board of Equalization	Occupation Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Paul M. O'Donnell		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2005
Mailing Address 310 Parnassus Ave Apt 103		<b>Transaction ID:</b> INC:A:248
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Venture Lab	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Elizabeth C. Theil		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2005
Mailing Address 915 Colest #158		<b>Transaction ID:</b> INC:A:258
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Childrens Hospital Oakland Research In	Occupation Faculty Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7925.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 33	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input checked="" 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 Francisco Democratic County Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Meagan Levitan

Mailing Address 8 7th Avenue

City	State	Zip Code
San Francisco	CA	94118

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

Name of Employer Hill & Co	Occupation Realtor
-------------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	0	5

Transaction ID: PAY:A:90

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

**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)

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<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Nutter Consulting</b>		<b>Transaction ID: PAY:B:81</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 39.60
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Email fee reimbursement 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Nutter Consulting</b>		<b>Transaction ID: PAY:B:83</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 1460.00
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Consulting & Office supply reimbursement 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Warren &amp; Associates LLC</b>		<b>Transaction ID: EXP:B:101</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 2261 Market Street #319		Amount of Each Disbursement this Period 287.85
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Accounting 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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1787.45
<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 17 / 33

<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Entango Corp</b>		<b>Transaction ID: EXP:B:98</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address 584 Castro Street #348		Amount of Each Disbursement this Period 28.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Merchant account fees Candidate Name Category/Type 003	
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. WF Secure Source/Authorize.net</b>		<b>Transaction ID: EXP:B:45</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5
Mailing Address 40539 Encyclopedia Circle		Amount of Each Disbursement this Period 35.40
City Fremont State CA Zip Code 94538	Purpose of Disbursement CC fees Candidate Name Category/Type 003	
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. Nutter Consulting</b>		<b>Transaction ID: PAY:B:104</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 671.38
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Office supply reimbursement Candidate Name 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) ..... ▶	734.78
<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)

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<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)  
San Francisco Democratic County Central Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Rivaldo		<b>Transaction ID:</b> EXP:B:102 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 1456 Grove Street		Amount of Each Disbursement this Period 1000.00
City San Francisco State CA Zip Code 94117	Purpose of Disbursement Candidate Name Category/Type 006	
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>B.</b> Full Name (Last, First, Middle Initial) WF Secure Source/Authorize.net		<b>Transaction ID:</b> EXP:B:46 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 40539 Encyclopedia Circle		Amount of Each Disbursement this Period 35.00
City Fremont State CA Zip Code 94538	Purpose of Disbursement CC fees Candidate Name Category/Type 003	
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>C.</b> Full Name (Last, First, Middle Initial) Entango Corp		<b>Transaction ID:</b> EXP:B:110 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 5
Mailing Address 584 Castro Street #348		Amount of Each Disbursement this Period 650.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Merchant account fees Candidate Name Category/Type 003	
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) ..... ▶	1685.00
<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 19 / 33

<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Nutter Consulting</b>		<b>Transaction ID: PAY:B:108</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 1503.28
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Consulting & Office supply reimbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Accurate Printing</b>		<b>Transaction ID: EXP:B:111</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 760 Bryant Street		Amount of Each Disbursement this Period 694.40
City San Francisco State CA Zip Code 94107	Purpose of Disbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Douglas &amp; Co.</b>		<b>Transaction ID: EXP:B:112</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 1284 Chestnut Street		Amount of Each Disbursement this Period 300.00
City San Francisco State CA Zip Code 94109	Purpose of Disbursement Website maintenance and hosting fees.	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2497.68
<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Nutter Consulting</b>		<b>Transaction ID: PAY:B:144</b> Date of Disbursement 05 / 27 / 2005
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 1176.92
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Consulting & Office supply reimbursement 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Nutter Consulting</b>		<b>Transaction ID: PAY:B:136</b> Date of Disbursement 05 / 27 / 2005
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 70.63
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Office supply reimbursement 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Nutter Consulting</b>		<b>Transaction ID: PAY:B:138</b> Date of Disbursement 05 / 27 / 2005
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 31.97
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Email reimbursement 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1279.52
<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 21 / 33

<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Nutter Consulting</b>		<b>Transaction ID: PAY:B:142</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 2680.48
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Consulting & Office supply reimbursement Candidate Name 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. Nutter Consulting</b>		<b>Transaction ID: PAY:B:140</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 840.00
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Consulting & Office supply reimbursement Candidate Name 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. Olson Hagel Waters &amp; Fishburn</b>		<b>Transaction ID: EXP:B:113</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 775.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Legal fees Candidate Name 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) ..... ▶	4295.48
<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 22 / 33

<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. WF Secure Source/Authorize.net</b>		<b>Transaction ID: EXP:B:47</b>	
Mailing Address 40539 Encyclopedia Circle		Date of Disbursement MM / DD / YYYY 06 / 02 / 2005	
City Fremont	State CA	Zip Code 94538	Amount of Each Disbursement this Period 35.00
Purpose of Disbursement CC fees		<input type="text" value="003"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Entango Corp</b>		<b>Transaction ID: EXP:B:163</b>	
Mailing Address 584 Castro Street #348		Date of Disbursement MM / DD / YYYY 06 / 15 / 2005	
City San Francisco	State CA	Zip Code 94114	Amount of Each Disbursement this Period 18.40
Purpose of Disbursement Merchant account fees		<input type="text" value="003"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Entango Corp</b>		<b>Transaction ID: EXP:B:165</b>	
Mailing Address 584 Castro Street #348		Date of Disbursement MM / DD / YYYY 06 / 15 / 2005	
City San Francisco	State CA	Zip Code 94114	Amount of Each Disbursement this Period 24.00
Purpose of Disbursement Merchant account fees		<input type="text" value="003"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>77.40</b>
<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

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 Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Nutter Consulting</b>		<b>Transaction ID: PAY:B:155</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 623.08
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Office supply reimbursement 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) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) <b>B. Nutter Consulting</b>		<b>Transaction ID: EXP:B:158</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 35.41
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Supplies reimbursement 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) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) <b>C. Nutter Consulting</b>		<b>Transaction ID: EXP:B:157</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 3000.00
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Consulting 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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3658.49
<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 24 / 33

<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)  
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) <b>A. Warren &amp; Associates LLC</b>		<b>Transaction ID: EXP:B:159</b>																					
Mailing Address 2261 Market Street #319		Date of Disbursement																					
City San Francisco State CA Zip Code 94114		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	2		2	0	0	5														
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1255.07</td> </tr> </table>		1255.07																			
1255.07																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		001		Category/Type																	
001																							
Category/Type																							

Full Name (Last, First, Middle Initial) <b>B. Zephyr Real estate</b>		<b>Transaction ID: EXP:B:160</b>																					
Mailing Address 4200 17th Street		Date of Disbursement																					
City San Francisco State CA Zip Code 94114		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	2		2	0	0	5														
Purpose of Disbursement Phone bank		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">378.00</td> </tr> </table>		378.00																			
378.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2">007</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		007		Category/Type																	
007																							
Category/Type																							

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

1633.07
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**TOTAL** This Period (last page this line number only) ..... ►

17648.87
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**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 / 33 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
 San Francisco Democratic County Central Committee

**Transaction ID: PAY:C:90**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Meagan Levitan	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 7th Avenue	
City San Francisco State CA ZIP Code 94118	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 5 Y Y Y Y 2 0 0 5	20051231	0.00 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="2000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text" value="2000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Leslie Katz	Nature of Debt (Purpose): Misc office & retreat exp
Mailing Address 343 Coleridge Street	
City State ZIP Code San Francisco CA 94110-5442	

Outstanding Balance Beginning This Period <input type="text" value="427.72"/>	<b>Transaction ID: PAY:D:10</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="427.72"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Olivia Cruise Lines	Nature of Debt (Purpose): Phone bank
Mailing Address 434 Brannan Street	
City State ZIP Code San Francisco CA 94107	

Outstanding Balance Beginning This Period <input type="text" value="546.00"/>	<b>Transaction ID: PAY:D:12</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="546.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Zephyr Real estate	Nature of Debt (Purpose): Phone bank
Mailing Address 4200 17th Street	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period <input type="text" value="378.00"/>	<b>Transaction ID: PAY:D:16</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="378.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="973.72"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC	Nature of Debt (Purpose): Telephone
Mailing Address Payment Center	
City State ZIP Code Sacramento CA 95887-0001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:174</b>	
Amount Incurred This Period 79.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 79.82

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC	Nature of Debt (Purpose): Accounting
Mailing Address 2261 Market Street #319	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period 348.61	<b>Transaction ID: PAY:D:175</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 348.61

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC	Nature of Debt (Purpose): Accounting
Mailing Address 2261 Market Street #319	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:176</b>	
Amount Incurred This Period 392.22	Payment This Period 0.00	Outstanding Balance at Close of This Period 392.22

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>820.65</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Reimbursement for website fees
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:177</b>	
Amount Incurred This Period 46.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.40

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC	Nature of Debt (Purpose): Accounting
Mailing Address 2261 Market Street #319	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:178</b>	
Amount Incurred This Period 110.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 110.25

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor California Democratic Party	Nature of Debt (Purpose): Insurance
Mailing Address 1401 21st Street Suite 100	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 800.00	<b>Transaction ID: PAY:D:4</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>956.65</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Consulting
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 2300.00	<b>Transaction ID: PAY:D:59</b>	
Amount Incurred This Period 0.00	Payment This Period 2300.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Voter registration project
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 110.23	<b>Transaction ID: PAY:D:66</b>	
Amount Incurred This Period 0.00	Payment This Period 110.23	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Consulting & office supplies
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 3351.86	<b>Transaction ID: PAY:D:67</b>	
Amount Incurred This Period 0.00	Payment This Period 3351.86	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): EMail
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 31.97	<b>Transaction ID: PAY:D:68</b>	
Amount Incurred This Period 0.00	Payment This Period 31.97	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hana Ivanhoe	Nature of Debt (Purpose): Postage/Delivery
Mailing Address 16401 Akron	
City State ZIP Code Los Angeles CA 90272	

Outstanding Balance Beginning This Period 97.27	<b>Transaction ID: PAY:D:8</b>	
Amount Incurred This Period -97.27	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	2751.02
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)	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 San Francisco Democratic County Central Committee

NAME OF ACCOUNT San Francisco Demo Cnty Central Com	DATE OF RECEIPT M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 756.31
---	---	------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	756.31	Transaction ID: INC:H3AD:133
<b>ii) Generic Voter Drive</b> .....	0.00	Transaction ID: INC:H3GV:133
<b>iii) Exempt Activities</b> .....	0.00	Transaction ID: INC:H3EA:133
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:133
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:133
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	756.31
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	756.31

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
San Francisco Democratic County Central Committee

<b>A. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2847			Allocated Activity or Event Year-To-Date 9379.36	
City Portland	State OR	Zip Code 97208-2847	Date <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>	
Purpose of Disbursement:			Transaction ID: EXP:H4:114	
Activity or Event Identifier:			Category/Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		25.00		25.00

<b>B. Full Name (Last, First, Middle Initial)</b> Warren & Associates LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2261 Market Street #319			Allocated Activity or Event Year-To-Date 9379.36	
City San Francisco	State CA	Zip Code 94114	Date <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>	
Purpose of Disbursement: Accounting			Transaction ID: EXP:H4:115	
Activity or Event Identifier:			Category/Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
411.36		731.31		1142.67

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
411.36		756.31		1167.67

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
411.36		756.31		1167.67



Image# 26990320630

Form/Schedule: **F3XA**      Correction to Schedule B and H  
Transaction ID:

\*\*\*\*\*