

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF SUBMITTER (In Full)
 C00276659 053094 P 150
 CHARLES W MAAS
 A SAN LUIS OBISPO COUNTY DEMOCRA
 TIC CENTRAL COM
 PO BOX 15155
 C SAN LUIS OBISPO CA 95066

RECEIVED
 FEDERAL ELECTION COMMISSION
 ADMIN. SERVICES DIVISION
 JUN 18 12 24 PM '94

2. FEC IDENTIFICATION NUMBER
 C00276659

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

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:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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	4-1-94 through 6-30-94		
6. (a) Cash on Hand January 1, 1994			\$ 127
(b) Cash on Hand at Beginning of Reporting Period		\$ 159	
(c) Total Receipts (from Line 19)		\$ 4724	\$ 9420
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 4883	\$ 9547
7. Total Disbursements (from Line 30)		\$ 4380	\$ 9011
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 503	\$ 532
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-6630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	

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

CHARLES W MAAS, MCA

Signature of Treasurer

Charles W Maas

Date

7-15-94

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

FEC FORM 3X

(revised 8/93)

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, REC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
County Democratic Central Committee Post Office Box 15155 San Luis Obispo, CA 93406	FROM	TO
I. Receipts	4-1-94	6-30-94
	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized		
ii. Total (add i and ii) >	4201	7922
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	4201	7922
12. Transfers From Affiliated/Other Party Committees	23	89
13. All Loans Received	0	600
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) >	4724	9421
20. Total Federal Receipts (subtract line 18 from line 19) >		
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	4020	8445
c. Total Operating Expenditures (add a i, a ii, and b) >	4020	8445
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	300	600
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) >	4320	4320
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)	4201	7922
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	4201	7922
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4020	8445
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	4020	8445

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

TRANSCAL CALIF ORANGE COUNTY COMMITTEE

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 93416

C00276657

94039103621

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Paso Robles Democratic Club</i> PO Box 1074 Paso Robles Ca 93447		<i>4/29</i>	<i>106.50</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>6/10</i>	<i>17</i>
		<i>6/30</i>	<i>17</i>
	Aggregate Year-to-Date > \$ <i>168</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Atasca delo Deseo Club</i> PO Box 1211 Atasca delo Ca 93423		<i>4/11</i>	<i>20</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>4/11</i>	<i>150</i>
	Aggregate Year-to-Date > \$ <i>270</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>EL MERO DEMOCRATIC CLUB</i> PO BOX 6032 LOJ OSOS Ca 93412		<i>5/6</i>	<i>100</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>5/6</i>	<i>20</i>
	Aggregate Year-to-Date > \$ <i>110</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>SOUTH COUNTY DEMOCRATIC CLUB</i> 325 Zoyata Way Arroyo Grande Ca. 93420		<i>4/11</i>	<i>100</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ <i>100</i>		
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 > \$ <i>6</i>		

SUBTOTAL of Receipts This Page (optional)

523

TOTAL This Period (last page this line number only)

523

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full) **County Democratic Central Committee**
 Post Office Box 15155
 San Luis Obispo, CA 93405 (00276659)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>GOODFIELD CORPORATION</i> <i>924 E CARPENTERIA #3</i> <i>SANTA BARBARA CA 93103</i>	<i>RENT</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/15</i> <i>4/1</i> <i>5/1</i>	<i>530</i> <i>530</i> <i>530</i>
<i>PACIFIC GAS & ELECTRIC</i> <i>406 HIGHWAY</i> <i>SLO CA 93401</i>	<i>ELECTRICITY</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>monthly</i>	<i>142</i>
<i>PACIFIC BELL</i> <i>140 NEAR MOUNTAINVIEW</i> <i>SAN FRANCISCO CA 94105</i>	<i>PHONE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>monthly</i>	<i>187</i>
<i>FRANK RICHARDS PRESS</i> <i>222 V Beebe</i> <i>SLO CA</i>	<i>NEWS LETTER</i> <i>PRINTING</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/1</i> <i>6/1</i>	<i>382</i> <i>361</i>
<i>US POST OFFICE</i> <i>PO Box 1035</i> <i>VENTURA CA 93002</i>	<i>Mailing Newsletter</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/1</i> <i>6/1</i>	<i>103</i> <i>65</i>
<i>CALIFORNIA MID STATE FAIR</i> <i>PO Box 8</i> <i>PASO ROBLES CA 93447</i>	<i>FAIR BOOTH</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/1</i>	<i>550</i>
<i>PHOENIX FOOD SERVICE</i> <i>371 HENRIETTA AVE</i> <i>LOS OROS CA 93401</i>	<i>BAKERY CATER.</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/30</i>	<i>410</i>

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<i>3790</i>

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SCHEDULE B

ITEMIZED DISBURSEMENTS

LOAN REPAYMENT

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

PAGE 1 OF 1
FOR LINE NUMBER 26

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NAME OF COMMITTEE (In Full) **County Democratic Central Committee**
Post Office Box 15155
San Luis Obispo, CA 93406

C00276679

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Robert Frost</i>	<i>LOAN REPAYMENT</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/20/94</i>	<i>300</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

300

94009103623

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) County Democratic Central Committee			
Post Office Box 15155 San Luis Obispo, CA 93406			
C 00276674			
A. Full Name, Mailing Address and ZIP Code of Loan Source Robert FROTT	Original Amount of Loan 300 (1-1-94) 300 (3-2-94)	Cumulative Payment To Date 600	Balance Outstanding at Close of This Period 0
Election: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred <u>1/1/94</u> Date Due _____ Interest Rate <u>0</u> % (apr) Secured <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Balance Outstanding at Close of This Period
Election: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Cumulative Payment To Date	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			20

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

94039103624

**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

7/15/94

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

4/1

and/or DATE OF RECEIPT

E.S.
PREPARER

7/18/94
DATE PREPARED

94037103625