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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typed, type over the lines 12PEAMS

CHICO DEMOCRATIC ACTION BOARD

ADDRESS (number and street) 2770 CERES AVENUE

Check if different from previously reported. (ACC)

CHICO CA 95973 7814

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00407866

3. IS THIS REPORT NEW OR AMENDED

Table with columns for report type (Quarterly, Year-End, etc.), due dates, and election types (Primary, General, Runoff, etc.). Includes sub-sections (a) through (d).

5. Covering Period 10/01/2004 through 12/31/2004

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

Type or Print Name of Treasurer Joanne Adams

Signature of Treasurer [Signature] Date 01/11/2004

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 (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name:

CHICO DEMOCRATIC ACTION BOARD

Report Covering the Period: From: 10 01 2004 To: 12 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>0</u>		
(b) Cash on Hand at Beginning of Reporting Period.....	4,111.14	
(c) Total Receipts (from Line 19).....	3,651.38	18,823.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B).....	7,762.52	18,823.33
7. Total Disbursements (from Line 31).....	6,578.22	17,639.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,184.30	1,184.30
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	

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

For further information contact:

Federal Election Commission
999 E. Street, NW
Washington, DC 20468

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

CHICO DEMOCRATIC ACTION BOARD
 Report Covering the Period: From: 10 01 2004 To: 12 31 2004

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):	0	500 00
(ii) Unitemized	3,151 38	17,823 33
(b) TOTAL (add Lines 11(a)(i) and (ii))	3,151 38	18,323 33
(c) Political Party Committees	0	0
(d) Other Political Committees (such as PACs)	0	0
(e) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 38, page 5)	3,151 38	18,323 33
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Requirements Received	0	0
15. Credits To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	500 00	500 00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H8)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(b), 12, 13, 14, 15, 16, 17, and 18(c))	3,651 38	18,823 33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3,651 38	18,823 33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal Election-Federal Activity (from Schedule H4)	0	0
(i) Federal Share		
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	5,578.22	16,639.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5,578.22	16,639.03
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individual/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "I win" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 29(a) 29 and 30(c))	6,578.22	17,639.03
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	6,578.22	17,639.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2008)

Page 5

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)	3151.35	18,323.33
34. Total Contribution Refunds (from Line 26(c))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3151.35	18,323.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5578.22	16,639.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	5000	5000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	578.22	16,139.03

**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 1 OF 3

<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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
CHICO DEMOCRATIC ACTION BOARD

Full Name (Last, First, Middle Initial) A. Budget Mini Storage		Date of Disbursement 11/05/2004
Mailing Address 2851 Hwy 32		Amount of Each Disbursement This Period 5300
City Chico	State CA	
Zip Code 95973		
Purpose of Disbursement Rent Storage room		Category/Type 001
Candidate Name		
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 checked="" type="checkbox"/> Other (specify) Storage	
State: District:		

Full Name (Last, First, Middle Initial) B. Gen Lee Realty		Date of Disbursement 11/08/2004
Mailing Address 1102 Mangrove Ave		Amount of Each Disbursement this Period 15309
City Chico	State CA	
Zip Code 95926		
Purpose of Disbursement Utilities for office		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:		

SUBTOTAL of Disbursements This Page (optional) **98509**

TOTAL This Period (last page this line number only)

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

Like separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>2</u> OF <u>4</u>
	<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CHICO DEMOCRATIC ACTION BOARD

A. Full Name (Last, First, Middle Initial) Barris Printing

Mailing Address 409 4th St. N

City Marysville State CA Zip Code 95901

Purpose of Disbursement Print Brochures Category/Type 004

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 10/07/2004

Amount of Each Disbursement this Period 473.57

B. Full Name (Last, First, Middle Initial) Clear Channel Radio

Mailing Address 2654 Cramer Lane

City Chico State CA Zip Code 95928-8838

Purpose of Disbursement Broadcast Ad Category/Type 004

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 10/15/2004

Amount of Each Disbursement this Period 516.00

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

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) 989.57

TOTAL This Period (last page this line number only) _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)	PAGE 3 OF 4
	<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"/> 29c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (in full)
CHICO DEMOCRATIC ACTION BOARD

Full Name (Last, First, Middle Initial) A. Robert Woods Campaign		Date of Disbursement 10' 23' 2004
Mailing Address 3230 Prairie Creek		Amount of Each Disbursement this Period 300.00
City Chico	State CA	
Zip Code 95973		
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name Robert Woods		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 013	

Full Name (Last, First, Middle Initial) B. Barbara McIver Campaign		Date of Disbursement 10' 23' 2004
Mailing Address P.O. Box 8578		Amount of Each Disbursement this Period 750.00
City Red Bluff	State CA	
Zip Code 96080		
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name Barbara McIver		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 002	

Full Name (Last, First, Middle Initial) C. Mike Machado Campaign		Date of Disbursement 10' 23' 2004
Mailing Address 31 E. Channel St.		Amount of Each Disbursement this Period 350.00
City Stockton	State CA	
Zip Code 95203		
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name Mike Machado		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: SD 5	

SUBTOTAL of Disbursements This Page (optional)	1,400.00
TOTAL This Period (see 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 <u>4</u> OF <u>4</u>
	<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)
CHICO DEMOCRATIC ACTION BOARD

A. Full Name (Last, First, Middle Initial) Kristine McDonald Campaign Date of Disbursement 10-23-2007

Mailing Address P.O. Box 4909

City Auburn CA State CA Zip Code 95604

Purpose of Disbursement Political Contribution Amount of Each Disbursement this Period 500.00

Candidate Name Oll Category/Type

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

State: CA District: SD 1

B. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Amount of Each Disbursement this Period _____

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Amount of Each Disbursement this Period _____

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this one number only) 3874.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 24	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	<input type="checkbox"/> 30c

PAGE 1 OF 1

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NAME OF COMMITTEE (in Full)
CHICO DEMOCRATIC ACTION BOARD

Full Name (Last, First, Middle Initial) A. Gabe Castillo Campaign		Date of Disbursement 10 23 2004
Mailing Address 1521 Howe Ave.		Amount of Each Disbursement this Period 500.00
City Sacramento CA	State Zip Code CA 95925	
Purpose of Disbursement Political Contribution	Candidate Name Gabe Castillo	Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
State: CA	District: 3	


Full Name (Last, First, Middle Initial) B. Mike Johnson Campaign		Date of Disbursement 10 23 2004
Mailing Address 25 El Cerrito Dr.		Amount of Each Disbursement this Period 500.00
City Chico CA	State Zip Code CA 95973	
Purpose of Disbursement Political Contribution	Candidate Name Mike Johnson	Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
State: CA	District: 4	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	
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 Other (specify):	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>1-12-05</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (5/2004)	<i>1-18-05</i> DATE PREPARED