

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 07 01 2006 through 09 30 2006

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 Laura Spanjian

Signature of Treasurer Electronically Filed by Laura Spanjian Date 04 09 2007

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">922.46</td></tr></table>	922.46
Y	Y	Y	Y									
2	0	0	6									
922.46												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">1266.72</td></tr></table>	1266.72										
1266.72												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">34911.82</td></tr></table>	34911.82	<table border="1" style="width: 100%;"><tr><td align="right">39439.72</td></tr></table>	39439.72								
34911.82												
39439.72												
(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="right">36178.54</td></tr></table>	36178.54	<table border="1" style="width: 100%;"><tr><td align="right">40362.18</td></tr></table>	40362.18								
36178.54												
40362.18												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">24493.35</td></tr></table>	24493.35	<table border="1" style="width: 100%;"><tr><td align="right">27749.27</td></tr></table>	27749.27								
24493.35												
27749.27												
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="right">11685.19</td></tr></table>	11685.19	<table border="1" style="width: 100%;"><tr><td align="right">11685.19</td></tr></table>	11685.19								
11685.19												
11685.19												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">4297.20</td></tr></table>	4297.20										
4297.20												

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**

Write or Type Committee Name
San Francisco Democratic County Central Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	5882.72	5882.72
(i) Itemized (use Schedule A)	11279.00	11859.00
(ii) Unitemized	17161.72	17741.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	896.50
(b) Political Party Committees	11450.00	11450.00
(c) Other Political Committees (such as PACs)	28611.72	30088.22
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
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	55.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	6300.10	9295.80
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	6300.10	9295.80
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34911.82	39439.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28611.72	30143.92

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2931.24	3713.92
(ii) Non-Federal Share.....	9204.50	12148.87
(b) Other Federal Operating Expenditures.....	10857.61	10136.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	22993.35	25999.27
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.....	1500.00	1500.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(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	250.00
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))..	24493.35	27749.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15288.85	15600.40

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)	28611.72	30088.22
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28611.72	29838.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13788.85	13850.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13788.85	13850.40

**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 / 62
	<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	

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) A. Trevor McNeil		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address 659 24th Ave.		Transaction ID: PAY.A.491	
City State Zip Code San Francisco CA 94121		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Presidio Hill School Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) B. Mary J. Silver		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 425 West Arlington Place		Transaction ID: INC.A.575	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Same name Self Employed Realtor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Alec S. Bash		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2006	
Mailing Address 936 Church Street		Transaction ID: INC.A.721	
City State Zip Code San Francisco CA 94114		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation None Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL 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 / 62
	<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) A. Alec S. Bash		Date of Receipt MM / DD / YYYY 08 / 14 / 2006
Mailing Address 936 Church Street		Transaction ID: INC.A.543
City San Francisco	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Robert D. Dockendorff		Date of Receipt MM / DD / YYYY 08 / 14 / 2006
Mailing Address 260 Amber Drive		Transaction ID: INC.A.526
City San Francisco	State CA	Zip Code 94131-162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Rafael Mandelman		Date of Receipt MM / DD / YYYY 08 / 14 / 2006
Mailing Address 3821 20th Street, #5		Transaction ID: INC.A.547
City San Francisco	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Same Name	Occupation Self Employed Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL 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 / 62
	<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)
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
None Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: INC.A.534

Amount of Each Receipt this Period
50.00

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

Mailing Address 4096 17th Street, #207

City State Zip Code
San Francisco CA 94114

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

Name of Employer Occupation
SF City Attorney Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: INC.A.560

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan O'Sullivan

Mailing Address 1350 Washington St., No 30

City State Zip Code
San Francisco CA 94109-415

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

Name of Employer Occupation
None Not employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2006

Transaction ID: INC.A.591

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	380.00
TOTAL 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 / 62
	<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) A. Hadley R. Roff		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 1988 Greenwich St.		Transaction ID: INC.A.597	
City State Zip Code San Francisco CA 94123	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
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. Ann A. West		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 788 Pepper Drive		Transaction ID: INC.A.606	
City State Zip Code San Bruno CA 94066	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer City College of San Francisco	Occupation Instructor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Mary Jung		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 320 San Leandro Way		Transaction ID: INC.A.610	
City State Zip Code San Francisco CA 94127	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SF Public Utils Cmsn	Occupation Commission Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL 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 / 62
	<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) A. Mary Jung		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 320 San Leandro Way		Transaction ID: INC.A.577	
City State Zip Code San Francisco CA 94127		Amount of Each Receipt this Period 100.00	
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 ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Trevor McNeil		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 659 24th Ave.		Transaction ID: INC.A.602	
City State Zip Code San Francisco CA 94121		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Presidio Hill School Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Constance J. O'Connor		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 30 Chicago Way		Transaction ID: INC.A.600	
City State Zip Code San Francisco CA 94112		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation None Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL 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 / 62
	<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) A. Robert D. Dockendorff		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 260 Amber Drive		Transaction ID: INC.A.613	
City State Zip Code San Francisco CA 94131-162		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Maryon Davies Lewis		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 2900 Broadway Street		Transaction ID: INC.A.722	
City State Zip Code San Francisco CA 94115		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joseph Julian		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 12 Carnelian Way		Transaction ID: INC.A.676	
City State Zip Code San Francisco CA 94131		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL 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 / 62
	<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) A. Ann A. West		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 788 Pepper Drive		Transaction ID: INC.A.728	
City State Zip Code San Bruno CA 94066		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer City College of San Francisco Occupation Instructor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Scott Wiener		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 4096 17th Street, #207		Transaction ID: INC.A.666	
City State Zip Code San Francisco CA 94114		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer SF City Attorney Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Constance J. O'Connor		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2006	
Mailing Address 30 Chicago Way		Transaction ID: INC.A.770	
City State Zip Code San Francisco CA 94112		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 62
	(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

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) A. Rafael Mandelman		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 3821 20th Street, #5		Transaction ID: INC.A.677	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Same Name Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Self Employed Attorney Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Jesse Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 133 Madrone Ave.		Transaction ID: INC.A.773	
City State Zip Code Larkspur CA 94939	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer City And Cnty Of San Fran Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Thomas Ammiano		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 162 Prospect Ave.		Transaction ID: INC.A.760	
City State Zip Code San Francisco CA 94110	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer City Of San Francisco Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Supervisor Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL 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 / 62
	<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) A. William K. Coblenz		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address One Ferry Building, Suite 20		Transaction ID: INC.A.762
City State Zip Code San Francisco CA 94111	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coblenz, Patch, Duffy, & Bass LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Susan O'Sullivan		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1350 Washington St., No 30		Transaction ID: INC.A.761
City State Zip Code San Francisco CA 94109-415	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Not employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Anne P. Taypier		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 1081 Alabama Street		Transaction ID: INC.A.777
City State Zip Code San Francisco CA 94110	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CCSF	Occupation Investigator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL 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 15 / 62
	<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) A. Alec S. Bash		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 936 Church Street		Transaction ID: INC.A.783	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert D. Dockendorff		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 260 Amber Drive		Transaction ID: INC.A.759	
City State Zip Code San Francisco CA 94131-162	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Joseph Julian		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 12 Carnelian Way		Transaction ID: INC.A.758	
City State Zip Code San Francisco CA 94131	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL 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 16 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) A. Leslie Katz		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 343 Coleridge Street		Transaction ID: PAY.A.814	
City State Zip Code San Francisco CA 94110-544	Amount of Each Receipt this Period 427.72		
FEC ID number of contributing federal political committee. C			
Name of Employer DMGA	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 927.72		

Full Name (Last, First, Middle Initial) B. Nutter, Melanie		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 517 8th Ave.		Transaction ID: PAY.A.804	
City State Zip Code San Francisco CA 94118	Amount of Each Receipt this Period 1115.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Congresswoman Pelosi	Occupation Deputy District Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Postage & Sup, See Sch D & A
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	427.72
TOTAL This Period (last page this line number only)	5882.72

**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 17 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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) A. Nancy Pelosi for Congress		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006	
Mailing Address 235 Montgomery St., Suite 610		Transaction ID: INC.A.493	
City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00213512			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) B. Gerry Crowley for Democratic Central Committee (1261929)		Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2006	
Mailing Address 7 Fielding Street		Transaction ID: INC.A.549	
City State Zip Code San Francisco CA 94133	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Robert Haaland for DCCC (1288856)		Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2006	
Mailing Address 39 Downey St.		Transaction ID: INC.A.550	
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
TOTAL 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 18 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
Nutter for San Francisco Democratic County Central Committee (1285544)

Mailing Address 517 8th Ave.

City State Zip Code
San Francisco CA 94118

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: INC.A.576

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Nancy Pelosi for Congress

Mailing Address 235 Montgomery St., Suite 610

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00213512

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: INC.A.763

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Nancy Pelosi for Congress

Mailing Address 235 Montgomery St., Suite 610

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00213512

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: INC.A.757

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL 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 19 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
Tom Lantos for Congress Committee

Mailing Address PO Box 611

City	State	Zip Code
Burlingame	CA	94011

FEC ID number of contributing federal political committee. **C** C00112250

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	6

Transaction ID: INC.A.756

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	11450.00

**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)

<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) A. Dunnigan, Dan		Transaction ID: EXP.B.484 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address 1368 45th Street		Amount of Each Disbursement this Period 958.00	
City San Francisco State CA Zip Code 94122	Purpose of Disbursement Ironingboards, clipboards for voter re 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) ▼		

Full Name (Last, First, Middle Initial) B. Trevor McNeil		Transaction ID: PAY.B.491 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address 659 24th Ave.		Amount of Each Disbursement this Period 500.00	
City San Francisco State CA Zip Code 94121	Purpose of Disbursement Debt Forgiven 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) C. ML Associates, LLC		Transaction ID: EXP.B.514 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 8581 Santa Monica Blvd., #504		Amount of Each Disbursement this Period 865.20	
City West Hollywood State CA Zip Code 90069	Purpose of Disbursement Accounting Candidate Name	Category/ Type 001	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2323.20
TOTAL 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)

<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) A. ML Associates, LLC		Transaction ID: EXP.B.516 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 8581 Santa Monica Blvd., #504		Amount of Each Disbursement this Period 17.50
City West Hollywood State CA Zip Code 90069	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

Full Name (Last, First, Middle Initial) B. ML Associates, LLC		Transaction ID: EXP.B.518 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 8581 Santa Monica Blvd., #504		Amount of Each Disbursement this Period 1593.67
City West Hollywood State CA Zip Code 90069	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

Full Name (Last, First, Middle Initial) C. Olivia Cruise Lines		Transaction ID: EXP.B.520 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 434 Brannan Street		Amount of Each Disbursement this Period 546.00
City San Francisco State CA Zip Code 94107	Purpose of Disbursement Phone bank 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

SUBTOTAL of Disbursements This Page (optional) ▶	2157.17
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 22 / 62

<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) A. ML Associates, LLC		Transaction ID: EXP.B.565	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 08 / 18 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 877.92
Purpose of Disbursement Accounting	001 Category/ Type		
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ML Associates, LLC		Transaction ID: EXP.B.567	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 08 / 18 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 146.67
Purpose of Disbursement Accounting	001 Category/ Type		
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ML Associates, LLC		Transaction ID: EXP.B.643	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 1000.13
Purpose of Disbursement Accounting	001 Category/ Type		
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2024.72
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 23 / 62

<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) A. ML Associates, LLC		Transaction ID: EXP.B.641	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 326.89
Purpose of Disbursement Accounting		<input type="text" value="001"/>	
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. ML Associates, LLC		Transaction ID: EXP.B.639	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 567.25
Purpose of Disbursement Accounting		<input type="text" value="001"/>	
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) C. ML Associates, LLC		Transaction ID: EXP.B.637	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 211.00
Purpose of Disbursement Accounting		<input type="text" value="001"/>	
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)	1105.14
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input 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) A. San Francisco Demo Cnty Central Com		Transaction ID: EXP.B.623 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 584 Castro St., #414		Amount of Each Disbursement this Period 13.60
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Bankcard discount fees 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

Full Name (Last, First, Middle Initial) B. ML Associates, LLC		Transaction ID: EXP.B.626 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 8581 Santa Monica Blvd., #504		Amount of Each Disbursement this Period 311.79
City West Hollywood State CA Zip Code 90069	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

Full Name (Last, First, Middle Initial) C. Accurate Printing		Transaction ID: EXP.B.736 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 760 Bryant Street		Amount of Each Disbursement this Period 943.95
City San Francisco State CA Zip Code 94107	Purpose of Disbursement Remit envelopes 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 003

SUBTOTAL of Disbursements This Page (optional) ▶	1269.34
TOTAL 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)

<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) A. Geraldine Mary Crowley		Transaction ID: EXP.B.738 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 7 Fielding Street		Amount of Each Disbursement this Period 93.19
City San Francisco State CA Zip Code 94133	Purpose of Disbursement Food and supplies for meeting Candidate Name 003 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. Mary Jung		Transaction ID: EXP.B.737 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 320 San Leandro Way		Amount of Each Disbursement this Period 101.78
City San Francisco State CA Zip Code 94127	Purpose of Disbursement Office supplies for dinner Candidate Name 003 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) C. ML Associates, LLC		Transaction ID: EXP.B.741 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 8581 Santa Monica Blvd., #504		Amount of Each Disbursement this Period 1079.45
City West Hollywood State CA Zip Code 90069	Purpose of Disbursement Accounting services Candidate Name 001 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1274.42
TOTAL 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 26 / 62

<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) A. ML Associates, LLC		Transaction ID: EXP.B.739	
Mailing Address 8581 Santa Monica Blvd., #504		Date of Disbursement MM / DD / YYYY 09 / 22 / 2006	
City West Hollywood	State CA	Zip Code 90069	Amount of Each Disbursement this Period 275.90
Purpose of Disbursement Accounting	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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Leslie Katz		Transaction ID: PAY.B.814	
Mailing Address 343 Coleridge Street		Date of Disbursement MM / DD / YYYY 09 / 30 / 2006	
City San Francisco	State CA	Zip Code 94110-5442	Amount of Each Disbursement this Period 427.72
Purpose of Disbursement Debt Forgiven	Category/ Type		
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

703.62

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

10857.61

**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 27 / 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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

<p>A. Full Name (Last, First, Middle Initial) Meagan Levitan</p> <p>Mailing Address 8 7th Avenue</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: PAY.B.634</p> <p>Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 09 / 13 / 2006</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Meagan Levitan</p> <p>Mailing Address 8 7th Avenue</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: PAY.B.743</p> <p>Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 09 / 22 / 2006</p> <p>Amount of Each Disbursement this Period <input type="text"/> 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

1500.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / 62 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

LOAN SOURCE 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 <input style="width: 90%;" type="text" value="2000.00"/>	Cumulative Payment To Date <input style="width: 90%;" type="text" value="1500.00"/>	Balance Outstanding at Close of This Period <input style="width: 90%;" type="text" value="500.00"/>
---	--	--

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input style="width: 100%;" type="text" value="MM 04 DD 05 YYYY 2005"/>	<input style="width: 100%;" type="text" value="20051231"/>	<input style="width: 100%;" type="text" value="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: 80%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 90%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 90%;" type="text" value="500.00"/>

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

A. 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 427.72	Transaction ID: PAY:D:10	
Amount Incurred This Period -427.72	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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 546.00	Transaction ID: PAY:D:12	
Amount Incurred This Period 0.00	Payment This Period 546.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 76.12	Transaction ID: PAY:D:411	
Amount Incurred This Period 0.00	Payment This Period 76.12	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 865.20	Transaction ID: PAY:D:412	
Amount Incurred This Period 0.00	Payment This Period 865.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena	Nature of Debt (Purpose): Rent
Mailing Address 1390 Market Street, Ste 818	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 450.00	Transaction ID: PAY:D:459	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena	Nature of Debt (Purpose): Rent
Mailing Address 1390 Market Street, Ste 818	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 450.00	Transaction ID: PAY:D:460	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Julia Jenkins	Nature of Debt (Purpose): Consulting fees
Mailing Address 706 Diamond St.	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period 500.00	Transaction ID: PAY:D:461	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 17.50	Transaction ID: PAY:D:462	
Amount Incurred This Period 0.00	Payment This Period 17.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 1593.67	Transaction ID: PAY:D:463	
Amount Incurred This Period 0.00	Payment This Period 1593.67	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 877.92	Transaction ID: PAY:D:464	
Amount Incurred This Period 0.00	Payment This Period 877.92	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 1000.13	Transaction ID: PAY:D:465	
Amount Incurred This Period 0.00	Payment This Period 1000.13	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 146.67	Transaction ID: PAY:D:466	
Amount Incurred This Period 0.00	Payment This Period 146.67	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period <input type="text" value="326.89"/>	Transaction ID: PAY:D:467	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="326.89"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trevor McNeil	Nature of Debt (Purpose): Consulting
Mailing Address 659 24th Ave.	
City State ZIP Code San Francisco CA 94121	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>	Transaction ID: PAY:D:469	
Amount Incurred This Period <input type="text" value="-500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trevor McNeil	Nature of Debt (Purpose): Consulting
Mailing Address 659 24th Ave.	
City State ZIP Code San Francisco CA 94121	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>	Transaction ID: PAY:D:470	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

A. 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 2751.10	Transaction ID: PAY:D:471	
Amount Incurred This Period 0.00	Payment This Period 2751.10	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 78.00	Transaction ID: PAY:D:474	
Amount Incurred This Period 0.00	Payment This Period 78.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dan Dunnigan	Nature of Debt (Purpose): Ironingboards,clipboards for voter reg
Mailing Address 1368 45th Street	
City State ZIP Code San Francisco CA 94122	

Outstanding Balance Beginning This Period 958.00	Transaction ID: PAY:D:475	
Amount Incurred This Period 0.00	Payment This Period 958.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 311.79	Transaction ID: PAY:D:477	
Amount Incurred This Period 0.00	Payment This Period 311.79	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena	Nature of Debt (Purpose): Rent
Mailing Address 1390 Market Street, Ste 818	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 450.00	Transaction ID: PAY:D:480	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena	Nature of Debt (Purpose): Rent
Mailing Address 1390 Market Street, Ste 818	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 450.00	Transaction ID: PAY:D:481	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena	Nature of Debt (Purpose): Rent
Mailing Address 1390 Market Street, Ste 818	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 450.00	Transaction ID: PAY:D:482	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donald Price	Nature of Debt (Purpose): Postage
Mailing Address 1390 Market Street #818	
City State ZIP Code San Francisco CA 94102-5402	

Outstanding Balance Beginning This Period 21.57	Transaction ID: PAY:D:483	
Amount Incurred This Period 0.00	Payment This Period 21.57	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 230.68	Transaction ID: PAY:D:486	
Amount Incurred This Period 0.00	Payment This Period 230.68	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period <input type="text" value="567.25"/>	Transaction ID: PAY:D:487	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="567.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period <input type="text" value="211.00"/>	Transaction ID: PAY:D:488	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="211.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period <input type="text" value="275.90"/>	Transaction ID: PAY:D:489	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="275.90"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curtis Printing	Nature of Debt (Purpose): M Rothschild (10/5/06): printing
Mailing Address 1325 Egbert Avenue	
City State ZIP Code San Francisco CA 94124	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:755	
Amount Incurred This Period 505.61	Payment This Period 0.00	Outstanding Balance at Close of This Period 505.61

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:790	
Amount Incurred This Period 275.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 275.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cullum & Sena	Nature of Debt (Purpose): Rent
Mailing Address 1390 Market Street, Ste 818	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:794	
Amount Incurred This Period 450.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 450.00

1) SUBTOTALS This Period This Page (optional).....	▶	1230.73
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Accurate Printing	Nature of Debt (Purpose): Letterhead
Mailing Address 760 Bryant Street	
City State ZIP Code San Francisco CA 94107	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:801	
Amount Incurred This Period 629.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 629.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Melanie Nutter	Nature of Debt (Purpose): Postage & Sup, See Sch D & A
Mailing Address 517 8th Ave.	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:804	
Amount Incurred This Period 1115.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 1115.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting services
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:807	
Amount Incurred This Period 441.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 441.82

1) SUBTOTALS This Period This Page (optional).....	2186.16
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates, LLC	Nature of Debt (Purpose): Accounting services
Mailing Address 8581 Santa Monica Blvd., #504	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:808	
Amount Incurred This Period 380.31	Payment This Period 0.00	Outstanding Balance at Close of This Period 380.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor United States Postal Service	Nature of Debt (Purpose): (MEMO)Postage
Mailing Address	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:3	
Amount Incurred This Period 741.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Kinkos	Nature of Debt (Purpose): (MEMO)Photocopies
Mailing Address 35 Stanyan Street	
City State ZIP Code San Francisco CA 94118-3303	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:4	
Amount Incurred This Period 35.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	380.31
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples	Nature of Debt (Purpose): (MEMO) Envelopes
Mailing Address 1700 Van Ness Ave.	
City State ZIP Code San Francisco CA 94109	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:5	
Amount Incurred This Period 8.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OfficeMax	Nature of Debt (Purpose): (MEMO) Labels and envelopes
Mailing Address 3700 Geary Blvd.	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:6	
Amount Incurred This Period 138.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Copy Mill	Nature of Debt (Purpose): (MEMO) Photocopies
Mailing Address 780 Van Ness Avenue	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:7	
Amount Incurred This Period 190.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	3797.20
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

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NAME OF COMMITTEE (In Full)

San Francisco Democratic County Central Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER Awards Dinner (10/27/06) <hr/> ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">64.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.00</div> % Transaction ID: H2.155
ACTIVITY OR EVENT IDENTIFIER J Morrison <hr/> ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div> % Transaction ID: H2.106
ACTIVITY OR EVENT IDENTIFIER M Rothschild (10/5/06) <hr/> ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">53.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">47.00</div> % Transaction ID: H2.154

**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 8 / 1 5 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 2978.30
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	2978.30	Transaction ID: INC:H3AD:494
ii) Generic Voter Drive	0.00	Transaction ID: INC:H3GV:494
iii) Exempt Activities	0.00	Transaction ID: INC:H3EA:494
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:494
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:494
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**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 9 / 1 4 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 1321.80
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1321.80	Transaction ID: INC:H3AD:624
ii) Generic Voter Drive	0.00	Transaction ID: INC:H3GV:624
iii) Exempt Activities	0.00	Transaction ID: INC:H3EA:624
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:624
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:624
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**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 9 / 2 2 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 1844.07
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	1844.07	Transaction ID: INC:H3AD:753
ii) Generic Voter Drive	0.00	Transaction ID: INC:H3GV:753
iii) Exempt Activities	0.00	Transaction ID: INC:H3EA:753
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:753
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:753
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
San Francisco Demo Cnty Central Com	M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	155.93

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	0.00	Transaction ID: INC:H3AD:754
ii) Generic Voter Drive	0.00	Transaction ID: INC:H3GV:754
iii) Exempt Activities	0.00	Transaction ID: INC:H3EA:754
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	155.93	Transaction ID: INC:H3DF:754
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising	155.93	
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:754
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	6144.17
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	155.93
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	6300.10

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

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

A. Full Name (Last, First, Middle Initial) Cullum & Sena			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 1390 Market Street, Ste 818			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94102	Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Purpose of Disbursement: Rent			Transaction ID: PAY:H4:500	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.50		450.00

B. Full Name (Last, First, Middle Initial) Julia Jenkins			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 706 Diamond St.			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94114	Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Purpose of Disbursement: Consulting fees			Transaction ID: PAY:H4:506	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

C. Full Name (Last, First, Middle Initial) Trevor McNeil			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 659 24th Ave.			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94121	Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Purpose of Disbursement: Consulting			Transaction ID: PAY:H4:504	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
304.50		1145.50		1450.00

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

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

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

A. Full Name (Last, First, Middle Initial) Donald Price			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 1390 Market Street #818			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94102-5402	Date M M / D D / Y Y Y Y 08 / 15 / 2006	
Purpose of Disbursement: Postage			Transaction ID: PAY:H4:496	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.53		17.04		21.57

B. Full Name (Last, First, Middle Initial) Donald Price			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 1390 Market Street #818			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94102-5402	Date M M / D D / Y Y Y Y 08 / 15 / 2006	
Purpose of Disbursement: Administrative Consultant			Transaction ID: PAY:H4:498	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

C. Full Name (Last, First, Middle Initial) SBC/AT&T			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 Payment Center			Allocated Activity or Event Year-To-Date 14493.10	
City Sacramento	State CA	Zip Code 95887-0001	Date M M / D D / Y Y Y Y 08 / 15 / 2006	
Purpose of Disbursement: Telephone			Transaction ID: PAY:H4:512	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.99		60.13		76.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
230.52		867.17		1097.69

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

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

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

A. Full Name (Last, First, Middle Initial) SBC/AT&T			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 Payment Center			Allocated Activity or Event Year-To-Date 14493.10	
City Sacramento	State CA	Zip Code 95887-0001	Date MM / DD / YYYY 08 / 15 / 2006	
Purpose of Disbursement: Telephone		Category/ Type 001	Transaction ID: PAY:H4:510	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.38		61.62		78.00

B. Full Name (Last, First, Middle Initial) SBC/AT&T			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 Payment Center			Allocated Activity or Event Year-To-Date 14493.10	
City Sacramento	State CA	Zip Code 95887-0001	Date MM / DD / YYYY 08 / 15 / 2006	
Purpose of Disbursement: Telephone		Category/ Type 001	Transaction ID: PAY:H4:508	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.44		182.24		230.68

C. Full Name (Last, First, Middle Initial) 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 14493.10	
City San Francisco	State CA	Zip Code 94114	Date MM / DD / YYYY 08 / 15 / 2006	
Purpose of Disbursement: Accounting		Category/ Type 001	Transaction ID: PAY:H4:502	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
191.86		721.77		913.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
256.68		965.63		1222.31

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

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

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

A. Full Name (Last, First, Middle Initial) Cullum & Sena			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 1390 Market Street, Ste 818			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94102	Date MM / DD / YYYY 08 / 18 / 2006	
Purpose of Disbursement: Rent			Transaction ID: PAY:H4:571	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.50		450.00

B. Full Name (Last, First, Middle Initial) SBC/AT&T			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 Payment Center			Allocated Activity or Event Year-To-Date 14493.10	
City Sacramento	State CA	Zip Code 95887-0001	Date MM / DD / YYYY 08 / 18 / 2006	
Purpose of Disbursement: Telephone			Transaction ID: PAY:H4:569	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.14		60.70		76.84

C. Full Name (Last, First, Middle Initial) 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 14493.10	
City San Francisco	State CA	Zip Code 94114	Date MM / DD / YYYY 08 / 18 / 2006	
Purpose of Disbursement: Accounting			Transaction ID: PAY:H4:573	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
240.72		905.58		1146.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
351.36		1321.78		1673.14

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

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

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

A. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

City	State	Zip Code	Category/Type
San Francisco	CA	94102	003

Purpose of Disbursement:
Postage

Activity or Event Identifier:
M Rothschild

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
585.00

Date / /
Transaction ID: EXP:H4:625

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.85		462.15		585.00

B. Full Name (Last, First, Middle Initial)
Cullum & Sena

Mailing Address
1390 Market Street, Ste 818

City	State	Zip Code	Category/Type
San Francisco	CA	94102	001

Purpose of Disbursement:
Rent

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
14493.10

Date / /
Transaction ID: PAY:H4:631

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.50		450.00

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

Mailing Address
8 7th Avenue

City	State	Zip Code	Category/Type
San Francisco	CA	94118	001

Purpose of Disbursement:
Accounting

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
14493.10

Date / /
Transaction ID: PAY:H4:635

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.15		546.02		691.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
362.50		1363.67		1726.17

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

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

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

A. Full Name (Last, First, Middle Initial) Cullum & Sena			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 1390 Market Street, Ste 818			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94102	Date M M / D D / Y Y Y Y 09 / 14 / 2006	
Purpose of Disbursement: Rent			Transaction ID: PAY:H4:628	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.50		450.00

B. Full Name (Last, First, Middle Initial) Douglas & Co.			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 1284 Chestnut Street			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94109	Date M M / D D / Y Y Y Y 09 / 14 / 2006	
Purpose of Disbursement: Website maintenance			Transaction ID: EXP:H4:630	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.00		237.00		300.00

C. Full Name (Last, First, Middle Initial) Jane Morrison			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 44 Woodland Avenue			Allocated Activity or Event Year-To-Date 708.75	
City San Francisco	State CA	Zip Code 94117	Date M M / D D / Y Y Y Y 09 / 20 / 2006	
Purpose of Disbursement: Postage for invitations			Transaction ID: EXP:H4:645	
Activity or Event Identifier: J Morrison				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.50		136.50		546.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
567.00		729.00		1296.00

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

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

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

A. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

City	State	Zip Code
San Francisco	CA	94102

001

Purpose of Disbursement:

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Postage

[MEMO ITEM]

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	6

Transaction ID: EDT:H4:6

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
114.66		431.34		546.00

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

Mailing Address

725 Bryant St.

City	State	Zip Code
San Francisco	CA	94107

003

Purpose of Disbursement:
Printing of invitations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

708.75

Activity or Event Identifier:
J Morrison

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	6

Transaction ID: EXP:H4:646

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.06		40.69		162.75

C. Full Name (Last, First, Middle Initial)
Geraldine Mary Crowley

Mailing Address

7 Fielding Street

City	State	Zip Code
San Francisco	CA	94133

001

Purpose of Disbursement:
Mail box rental

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

14493.10

Activity or Event Identifier:

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	6

Transaction ID: PAY:H4:744

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
206.06		356.69		562.75

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

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

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

A. Full Name (Last, First, Middle Initial) Cullum & Sena			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 1390 Market Street, Ste 818			Allocated Activity or Event Year-To-Date 14493.10		
City San Francisco	State CA	Zip Code 94102	Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6		
Purpose of Disbursement: Rent			Transaction ID: EXP:H4:750		
Activity or Event Identifier:			Category/ Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
189.00		711.00		900.00

B. Full Name (Last, First, Middle Initial) Cullum & Sena			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 1390 Market Street, Ste 818			Allocated Activity or Event Year-To-Date 14493.10		
City San Francisco	State CA	Zip Code 94102	Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6		
Purpose of Disbursement: Rent			Transaction ID: PAY:H4:748		
Activity or Event Identifier:			Category/ Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.50		450.00

C. Full Name (Last, First, Middle Initial) Douglas & Co.			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 1284 Chestnut Street			Allocated Activity or Event Year-To-Date 14493.10		
City San Francisco	State CA	Zip Code 94109	Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6		
Purpose of Disbursement: Website maintenance			Transaction ID: EXP:H4:746		
Activity or Event Identifier:			Category/ Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.50		1540.50		1950.00

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

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

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

A. Full Name (Last, First, Middle Initial) Donald Price			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" 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 1390 Market Street #818			Allocated Activity or Event Year-To-Date 75.94	
City San Francisco	State CA	Zip Code 94102-5402	Date MM / DD / YYYY 09 / 22 / 2006	
Purpose of Disbursement: Supplies for Oct 27 Dinner			Transaction ID: EXP:H4:735	
Activity or Event Identifier: Awards Dinner				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.95		59.99		75.94

B. Full Name (Last, First, Middle Initial) Donald Price			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 1390 Market Street #818			Allocated Activity or Event Year-To-Date 14493.10	
City San Francisco	State CA	Zip Code 94102-5402	Date MM / DD / YYYY 09 / 22 / 2006	
Purpose of Disbursement: Administrative Consultant			Transaction ID: PAY:H4:751	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

C. Full Name (Last, First, Middle Initial) SBC/AT&T			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 Payment Center			Allocated Activity or Event Year-To-Date 14493.10	
City Sacramento	State CA	Zip Code 95887-0001	Date MM / DD / YYYY 09 / 22 / 2006	
Purpose of Disbursement: Telephone			Transaction ID: EXP:H4:747	
Activity or Event Identifier:				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.17		64.57		81.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
243.12		914.56		1157.68

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
2931.24		9204.50		12135.74

Image# 27930478777

Form/Schedule: **SA11C** Contribution for Event

Transaction ID: **INC.A.756**

Form/Schedule: **SA11C** Contribution for Event

Transaction ID: **INC.A.757**

Image# 27930478778

Form/Schedule: **SA11C** Contribution for Event
Transaction ID: **INC.A.763**

Form/Schedule: **SA11C** Contribution - hard dollars verified with committee
Transaction ID: **INC.A.576**

Image# 27930478779

Form/Schedule: **SA11C** Contribution - hard dollars verified with committee
Transaction ID: **INC.A.550**

Form/Schedule: **SA11C** Contribution - hard dollars verified w/ Committee
Transaction ID: **INC.A.549**

Image# 27930478780

Form/Schedule: **SA11C** Contribution
Transaction ID: **INC.A.493**

Form/Schedule: **SA11AI** In-kind administrative services
Transaction ID: **PAY.A.491**

Image# 27930478781

Form/Schedule: **SB21B** Under \$200 per item
Transaction ID: **EXP.B.737**

Form/Schedule: **SB21B** Under \$200 per item
Transaction ID: **EXP.B.738**

Image# 27930478782

Form/Schedule: **SB21B** In-kind administrative services
Transaction ID: **PAY.B.491**

Form/Schedule: **SB26** Loan Payment
Transaction ID: **PAY.B.743**

Image# 27930478783

Form/Schedule: **SB26** Loan Payment

Transaction ID: **PAY.B.634**

Form/Schedule: **F3XA** Updated H4 event YTD totals; Added notes to Line 11C contributions

Transaction ID:
