

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 North County Democratic Unity Political Action Coalition

ADDRESS (number and street) 1531 Grand Avenue Suite D San Marcos CA 92078 2463 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00382861 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 25 2008 through 12 31 2008

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 Xavier Martinez

Signature of Treasurer Electronically Filed by Xavier Martinez Date 01 31 2009

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
North County Democratic Unity Political Action Coalition

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17730.32
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	21112.43									
(c) Total Receipts (from Line 19)	4527.59	52890.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25640.02	70620.83								
7. Total Disbursements (from Line 31)	1049.26	46030.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24590.76	24590.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	164.24									

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
North County Democratic Unity Political Action Coalition

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	860.00	13291.93
(i) Itemized (use Schedule A)		
(ii) Unitemized	1050.00	34943.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1910.00	48235.01
(b) Political Party Committees	0.00	1255.50
(c) Other Political Committees (such as PACs)	2535.47	2835.47
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4445.47	52325.98
12. Transfers From Affiliated/Other Party Committees00	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)	82.12	564.53
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4527.59	52890.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4527.59	52890.51

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1049.26	41400.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1049.26	41400.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4320.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	310.00
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))..	1049.26	46030.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1049.26	46030.07

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)	4445.47	52325.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4445.47	52325.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1049.26	41400.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	82.12	564.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	967.14	40835.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13
(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)
North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)
Giacomo Delaria

Mailing Address 10666 N Torrey Pines Road

City State Zip Code
La Jolla CA 92037-1027

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI-1770-1065-c

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Giacomo Delaria

Mailing Address 10666 N Torrey Pines Road

City State Zip Code
La Jolla CA 92037-1027

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI-1770-1069-c

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
James Dooley

Mailing Address 1270 Olive Avenue

City State Zip Code
Fallbrook CA 92028-1569

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1209.44

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI-54-1082-c

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) Jean Dooley		Date of Receipt	
	Mailing Address 1270 Olive Avenue		M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI-61-1060-c
	Fallbrook	CA	92028-1569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
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 ▼ 220.00		

B.	Full Name (Last, First, Middle Initial) Jean Dooley		Date of Receipt	
	Mailing Address 1270 Olive Avenue		M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI-61-1061-c
	Fallbrook	CA	92028-1569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		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 ▼ 220.00		

C.	Full Name (Last, First, Middle Initial) Carol Law		Date of Receipt	
	Mailing Address 1601 Gascony Road		M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI-356-1085-c
	Encinitas	CA	92024-1224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial) Christi Saltonstall		Date of Receipt
Mailing Address 17850 Via de Fortuna		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
City	State	Zip Code
Rancho Santa Fe	CA	92067
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-1663-1068-c
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

B.

Full Name (Last, First, Middle Initial) Jeffrey Silberman		Date of Receipt
Mailing Address PO Box 3404		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
City	State	Zip Code
Rancho Santa Fe	CA	92067-3404
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-1665-1070-c
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="860.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13
(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)
North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)
Robert Hamilton For Congress

Mailing Address 425 W 5th Avenue

City Escondido State CA Zip Code 92025-4843

FEC ID number of contributing federal political committee. **C** C00440891

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2535.47

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11C-1715-1055-c

Amount of Each Receipt this Period
2535.47

SUBTOTAL of Receipts This Page (optional)	▶	2535.47
TOTAL This Period (last page this line number only)	▶	2535.47

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)
North County Democratic Unity Political Action Coalition

A.	Full Name (Last, First, Middle Initial) Fallbrook Women's Club	Transaction ID: SB21B-1778-1083-e Date of Disbursement
	Mailing Address 238 W Mission Road	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>
	City Fallbrook State CA Zip Code 92028-1942	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Venue: Rental Candidate Name	<input type="text" value="45.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	

B.	Full Name (Last, First, Middle Initial) Fallbrook Women's Club	Transaction ID: SB21B-1778-1084-e Date of Disbursement
	Mailing Address 238 W Mission Road	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>
	City Fallbrook State CA Zip Code 92028-1942	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Room: Depost Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	

C.	Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences	Transaction ID: SB21B-283-1100-e Date of Disbursement
	Mailing Address 1651 S Juniper Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>
	City Escondido State CA Zip Code 92025-6127	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Software Services Candidate Name	<input type="text" value="56.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="351.94"/>
TOTAL This Period (last page this line number 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)
North County Democratic Unity Political Action Coalition

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor City Of Escondido	Nature of Debt (Purpose): Administrative/Salary/Ove- rhead-Utilities
Mailing Address Utility Billing P.O. Box 460009	
City State ZIP Code Escondido CA 92046-0009	

Outstanding Balance Beginning This Period 82.12	Transaction ID: SD10-DEBT947	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 82.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor City Of Escondido	Nature of Debt (Purpose): Administrative/Salary/Ove- rhead-Utilities
Mailing Address Utility Billing P.O. Box 460009	
City State ZIP Code Escondido CA 92046-0009	

Outstanding Balance Beginning This Period 14.84	Transaction ID: SD10-DEBT1075	
Amount Incurred This Period 0.00	Payment This Period 14.84	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor City Of Escondido	Nature of Debt (Purpose): Administrative/Salary/Ove- rhead-Office Ut
Mailing Address Utility Billing P.O. Box 460009	
City State ZIP Code Escondido CA 92046-0009	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10-DEBT1076	
Amount Incurred This Period 82.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 82.12

1) SUBTOTALS This Period This Page (optional).....	▶	164.24
2) TOTALS This Period (last page this line number only).....	▶	164.24
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	164.24