

# 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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 30 2010

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 Debra Walker

Signature of Treasurer Electronically Filed by Debra Walker Date 07 15 2010

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		4945.06
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	3006.96									
(c) Total Receipts (from Line 19) .....	20156.54	42515.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23163.50	47460.52								
7. Total Disbursements (from Line 31) .....	18944.00	43241.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4219.50	4219.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	11436.40									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

San Francisco Democratic County Central Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3500.00	10000.00
(ii) Unitemized .....	3445.00	3445.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6945.00	13445.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6945.00	13445.00
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.) .....	304.57	304.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	12906.97	28765.89
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	12906.97	28765.89
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	20156.54	42515.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7249.57	13749.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1277.56	3151.46
(ii) Non-Federal Share.....	4806.06	11855.52
(b) Other Federal Operating Expenditures.....	11860.38	27234.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17944.00	42241.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18944.00	43241.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14137.94	31385.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	6945.00	13445.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6945.00	13445.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13137.94	30385.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13137.94	30385.51

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher Moscone

Mailing Address 35 Laverne Ave.

City State Zip Code  
Mill Valley CA 94941

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

Name of Employer: Moscone Public Affairs, Inc. Occupation: Public Affairs Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 01 / 2010  
Transaction ID: INC.A.3925  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Janet Reilly

Mailing Address 880 El Camino Del Mar

City State Zip Code  
San Francisco CA 94121

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

Name of Employer: Same Name Occupation: Self-Employed Public Relations Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 02 / 2010  
Transaction ID: INC.A.3934  
Amount of Each Receipt this Period: 750.00

**C.** Full Name (Last, First, Middle Initial)  
Mary J. Silver

Mailing Address 425 West Arlington Place

City State Zip Code  
Chicago IL 60614

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

Name of Employer: Same Name Occupation: Self-Employed Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: INC.A.3940  
Amount of Each Receipt this Period: 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33  
(check only one)

<input 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 checked="" 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)  
State Compensation Insurance Fund

Mailing Address 303 Second Street, Suite 600 South

City	State	Zip Code
San Francisco	CA	94107

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
296.82

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 1 0

Transaction ID: INC.A.3877

Amount of Each Receipt this Period  
296.82

Worker's Comp Insurance Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	296.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	296.82

**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

A.	Full Name (Last, First, Middle Initial) Geraldine Mary Crowley	Transaction ID: EXP.B.3818 Date of Disbursement 04 / 01 / 2010
	Mailing Address 7 Fielding Street	Amount of Each Disbursement this Period 461.75
	City San Francisco State CA Zip Code 94133	
	Purpose of Disbursement Salary 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) ▼

B.	Full Name (Last, First, Middle Initial) Geraldine Mary Crowley	Transaction ID: EXP.B.3871 Date of Disbursement 05 / 03 / 2010
	Mailing Address 7 Fielding Street	Amount of Each Disbursement this Period 461.75
	City San Francisco State CA Zip Code 94133	
	Purpose of Disbursement Salary 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) ▼

C.	Full Name (Last, First, Middle Initial) Geraldine Mary Crowley	Transaction ID: EXP.B.3888 Date of Disbursement 05 / 28 / 2010
	Mailing Address 7 Fielding Street	Amount of Each Disbursement this Period 461.75
	City San Francisco State CA Zip Code 94133	
	Purpose of Disbursement Salary 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1385.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: EXP.B.3820 Date of Disbursement																			
	Mailing Address PO Box 826276	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<table border="1"><tr><td>43.13</td></tr></table>	43.13																		
43.13																					
	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) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: EXP.B.3835 Date of Disbursement																			
	Mailing Address PO Box 826276	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<table border="1"><tr><td>43.13</td></tr></table>	43.13																		
43.13																					
	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) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: EXP.B.3872 Date of Disbursement																			
	Mailing Address PO Box 826276	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	0												
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<table border="1"><tr><td>43.13</td></tr></table>	43.13																		
43.13																					
	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) ▼																			
		001 Category/ Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>129.39</td></tr></table>	129.39
129.39		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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

A.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: EXP.B.3882 Date of Disbursement
	Mailing Address PO Box 826276	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<input type="text" value="43.13"/>
	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 type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: EXP.B.3889 Date of Disbursement
	Mailing Address PO Box 826276	<input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<input type="text" value="43.13"/>
	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 type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: EXP.B.3902 Date of Disbursement
	Mailing Address PO Box 826276	<input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<input type="text" value="43.13"/>
	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 type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="129.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: EXP.B.3821 Date of Disbursement
	Mailing Address Ogden Service Center	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<input type="text" value="450.90"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: EXP.B.3822 Date of Disbursement
	Mailing Address Ogden Service Center	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<input type="text" value="31.00"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: EXP.B.3834 Date of Disbursement
	Mailing Address Ogden Service Center	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax Expense Candidate Name	<input type="text" value="374.40"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="856.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 12 / 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Ogden Service Center  City Ogden State UT Zip Code 84201  Purpose of Disbursement Payroll Tax Expense 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) ▼	Transaction ID: EXP.B.3873 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0  Amount of Each Disbursement this Period 450.90  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Ogden Service Center  City Ogden State UT Zip Code 84201  Purpose of Disbursement Payroll Tax Expense 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) ▼	Transaction ID: EXP.B.3874 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0  Amount of Each Disbursement this Period 31.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Ogden Service Center  City Ogden State UT Zip Code 84201  Purpose of Disbursement Payroll Tax Expense 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) ▼	Transaction ID: EXP.B.3883 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0  Amount of Each Disbursement this Period 374.40  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	856.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: EXP.B.3890 Date of Disbursement																				
	Mailing Address Ogden Service Center		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	8		2	0	1	0														
	City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Tax Expense			<table border="1"> <tr> <td>450.92</td> </tr> </table>	450.92																		
450.92																							
	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:	Category/Type 001																					

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: EXP.B.3891 Date of Disbursement																				
	Mailing Address Ogden Service Center		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	8		2	0	1	0														
	City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Tax Expense			<table border="1"> <tr> <td>31.00</td> </tr> </table>	31.00																		
31.00																							
	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:	Category/Type 001																					

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: EXP.B.3903 Date of Disbursement																				
	Mailing Address Ogden Service Center		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	1	0														
	City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Tax Expense			<table border="1"> <tr> <td>374.38</td> </tr> </table>	374.38																		
374.38																							
	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:	Category/Type 001																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>856.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.3819
	Mailing Address 2424 Fulton St.	Date of Disbursement MM / DD / YYYY 04 / 01 / 2010
	City San Francisco State CA Zip Code 94118	Amount of Each Disbursement this Period 1211.34
	Purpose of Disbursement Salary 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) ▼

B.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.3833
	Mailing Address 2424 Fulton St.	Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	City San Francisco State CA Zip Code 94118	Amount of Each Disbursement this Period 1211.34
	Purpose of Disbursement Salary 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) ▼

C.	Full Name (Last, First, Middle Initial) Emily Lowe	Transaction ID: EXP.B.3870
	Mailing Address 2424 Fulton St.	Date of Disbursement MM / DD / YYYY 05 / 03 / 2010
	City San Francisco State CA Zip Code 94118	Amount of Each Disbursement this Period 1211.34
	Purpose of Disbursement Salary 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3634.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB21B**  
Transaction ID : **EXP.B.3819**

Less than 25% FEA

B. Form/Schedule : **SB21B**  
Transaction ID : **EXP.B.3833**

Less than 25% FEA

C. Form/Schedule : **SB21B**

Less than 25% FEA

Transaction ID : **EXP.B.3870**



# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Emily Lowe</p> <p>Mailing Address 2424 Fulton St.</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement Salary Candidate Name</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><b>Transaction ID:</b> EXP.B.3880 <b>Date of Disbursement</b> 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1211.34</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Emily Lowe</p> <p>Mailing Address 2424 Fulton St.</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement Salary Candidate Name</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><b>Transaction ID:</b> EXP.B.3886 <b>Date of Disbursement</b> 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1211.33</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Emily Lowe</p> <p>Mailing Address 2424 Fulton St.</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement Salary Candidate Name</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><b>Transaction ID:</b> EXP.B.3901 <b>Date of Disbursement</b> 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1211.35</p> <p>001 Category/Type</p>

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

3634.02

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

A. Form/Schedule : **SB21B**  
Transaction ID : **EXP.B.3880**

Less than 25% FEA

B. Form/Schedule : **SB21B**  
Transaction ID : **EXP.B.3886**

Less than 25% FEA

**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

A.	Full Name (Last, First, Middle Initial) WF Business Direct  Mailing Address PO Box 54349  City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Printing and copies 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) ▼	Transaction ID: EXP.B.3898 Date of Disbursement 06 / 11 / 2010  Amount of Each Disbursement this Period 343.16  003 Category/ Type
B.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 1700 Van Ness Ave.  City San Francisco State CA Zip Code 94109 Purpose of Disbursement Event programs and posters 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) ▼	Transaction ID: EDT.B.57 Date of Disbursement 05 / 05 / 2010  Amount of Each Disbursement this Period 343.16  001 Category/ Type  <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) WF Business Direct  Mailing Address PO Box 54349  City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Taxi 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) ▼	Transaction ID: EXP.B.3899 Date of Disbursement 06 / 11 / 2010  Amount of Each Disbursement this Period 16.00  002 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	359.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	11840.13

**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 20 / 33

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

A.

Full Name (Last, First, Middle Initial)

Friends of Barbara Boxer

Transaction ID: EXP.B.3900

Date of Disbursement

Mailing Address 777 S. Figueroa St., Ste 4050

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

City State Zip Code  
Los Angeles CA 90017

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
Barbara Boxer

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District:

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

1000.00
---------

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

1000.00
---------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 / 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="1981.36"/>	<b>Transaction ID: PAY:D:3751</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1981.36"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="7.00"/>	<b>Transaction ID: PAY:D:3752</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="445.31"/>	<b>Transaction ID: PAY:D:3753</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="445.31"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2433.67"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 494.00	<b>Transaction ID: PAY:D:3754</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 494.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 2265.83	<b>Transaction ID: PAY:D:3755</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2265.83

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 1453.85	<b>Transaction ID: PAY:D:3756</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1453.85

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>4213.68</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 / 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="651.81"/>	<b>Transaction ID: PAY:D:3757</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="651.81"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="136.00"/>	<b>Transaction ID: PAY:D:3758</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="136.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ML Associates	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 <input type="text" value="399.10"/>	<b>Transaction ID: PAY:D:3759</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="399.10"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1186.91"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Stearns Consulting	Nature of Debt (Purpose): Doorhanger distributed to democratic households
Mailing Address 174 Ripley Street	
City State ZIP Code San Francisco CA 94102	

Outstanding Balance Beginning This Period 3577.14	<b>Transaction ID: PAY:D:2329</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3577.14

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wells Fargo Bank	Nature of Debt (Purpose): Constant Contact
Mailing Address 8571 Santa Monica Blvd.	
City State ZIP Code West Hollywood CA 90069	

Outstanding Balance Beginning This Period 25.00	<b>Transaction ID: PAY:D:3742</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3602.14
2) <b>TOTALS</b> This Period (last page this line number only).....	11436.40
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	11436.40



**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

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

**UNITY10**

ACTIVITY IS:

- Fundraising       Direct Candidate Support

CHECK IF THE RATIO IS:

- New       Revised       Same as Previously Reported

FEDERAL %

**19.00** %

NONFEDERAL %

**81.00** %

**Transaction ID:  
H2.288**

**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 4 / 0 2 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 5393.86
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1769.60	Transaction ID: INC:H3AD:3828
<b>ii) Generic Voter Drive</b> .....	3624.26	Transaction ID: INC:H3GV:3828
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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 5 / 0 5 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 3368.03
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	248.42	Transaction ID: INC:H3AD:3879
<b>ii) Generic Voter Drive</b> .....	3119.61	Transaction ID: INC:H3GV:3879
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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 5 / 2 6 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 4145.08
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		1081.35 Transaction ID: INC:H3AD:3892
ii) Generic Voter Drive .....		3063.73 Transaction ID: INC:H3GV:3892
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
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) .....	3099.37
TOTAL This Period (Generic Voter Drive) .....	9807.60
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
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) .....	12906.97

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 11429.83	
City Sacramento	State CA	Zip Code 95887-0001	Date <input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> EXP:H4:3866	
Purpose of Disbursement: Telephone Expense		Category/ Type 001		
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
66.03		248.42		314.45

<b>B. Full Name (Last, First, Middle Initial)</b> 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 11429.83	
City Sacramento	State CA	Zip Code 95887-0001	Date <input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> EXP:H4:3885	
Purpose of Disbursement: Telephone Expense		Category/ Type 001		
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.25		196.55		248.80

<b>C. Full Name (Last, First, Middle Initial)</b> 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 11429.83	
City Sacramento	State CA	Zip Code 95887-0001	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> EXP:H4:3896	
Purpose of Disbursement: Telephone Expense		Category/ Type 001		
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.10		207.26		262.36

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.38		652.23		825.61

**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

<b>A. Full Name (Last, First, Middle Initial)</b> California Democratic Party			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 1401 21st Street Ste 100			Allocated Activity or Event Year-To-Date 11429.83	
City Sacramento	State CA	Zip Code 95814	Date MM / DD / YYYY 06 / 01 / 2010	
Purpose of Disbursement: Liability Insurance			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3893	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.00		632.00		800.00

<b>B. Full Name (Last, First, Middle Initial)</b> Employment Development Department			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 826276			Allocated Activity or Event Year-To-Date 11429.83	
City Sacramento	State CA	Zip Code 94230-6276	Date MM / DD / YYYY 04 / 08 / 2010	
Purpose of Disbursement: Payroll Tax Adjustment for Qtr Ended 12/30/09			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3829	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.70		32.74		41.44

<b>C. Full Name (Last, First, Middle Initial)</b> State Compensation Insurance Fund			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 303 Second Street, Suite 600 South			Allocated Activity or Event Year-To-Date 11429.83	
City San Francisco	State CA	Zip Code 94107	Date MM / DD / YYYY 04 / 20 / 2010	
Purpose of Disbursement:			Category/Type 001	
Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3868	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.91		3.40		4.31

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.61		668.14		845.75

**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

<b>A. Full Name (Last, First, Middle Initial)</b> State Compensation Insurance Fund			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 303 Second Street, Suite 600 South			Allocated Activity or Event Year-To-Date 11429.83		
City San Francisco	State CA	Zip Code 94107	Date MM / DD / YYYY 04 / 20 / 2010		
Purpose of Disbursement: Worker's Comp Insurance			Transaction ID: EXP:H4:3869		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.91		293.09		371.00

<b>B. Full Name (Last, First, Middle Initial)</b> Stock Exchange Tower Associates			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 155 Sansome Street, Suite 850			Allocated Activity or Event Year-To-Date 11429.83		
City San Francisco	State CA	Zip Code 94104	Date MM / DD / YYYY 05 / 04 / 2010		
Purpose of Disbursement: Rent			Transaction ID: EXP:H4:3878		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
235.20		884.80		1120.00

<b>C. Full Name (Last, First, Middle Initial)</b> Stock Exchange Tower Associates			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 155 Sansome Street, Suite 850			Allocated Activity or Event Year-To-Date 11429.83		
City San Francisco	State CA	Zip Code 94104	Date MM / DD / YYYY 06 / 30 / 2010		
Purpose of Disbursement: Rent			Transaction ID: EXP:H4:3907		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
235.20		884.80		1120.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
548.31		2062.69		2611.00

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Wells Fargo Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8571 Santa Monica Blvd.			Allocated Activity or Event Year-To-Date 11429.83	
City                      State                      Zip Code West Hollywood           CA                      90069	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	
Purpose of Disbursement: Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3867	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.64		404.92		512.56

<b>B. Full Name (Last, First, Middle Initial)</b> Wells Fargo Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8571 Santa Monica Blvd.			Allocated Activity or Event Year-To-Date 11429.83	
City                      State                      Zip Code West Hollywood           CA                      90069	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0	
Purpose of Disbursement: Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3884	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
171.24		644.21		815.45

<b>C. Full Name (Last, First, Middle Initial)</b> WF Business Direct			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 54349			Allocated Activity or Event Year-To-Date 11429.83	
City                      State                      Zip Code Los Angeles               CA                      90054-0349	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 1 0	
Purpose of Disbursement: Office supplies Activity or Event Identifier: Administrative			Transaction ID: EXP:H4:3897	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.38		373.87		473.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
378.26		1423.00		1801.26

**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)  
Software, Inc.

Mailing Address  
132 Welsh Road, #140

City	State	Zip Code	
Horsham	PA	19044	001

Purpose of Disbursement: Fundraising Software	Category/ Type
	001

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

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  
11429.83

Date  /  /

Transaction ID: EDT:H4:58

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.73		160.73		203.46

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**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
1277.56	4806.06	6083.62