

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) 425 W 5th Avenue
Suite 205
 Check if different than previously reported. (ACC)
Escondido CA 92025 4843

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 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 01 01 2007 through 06 30 2007

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 07 17 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
North County Democratic Unity Political Action Coalition

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">9646.76</td></tr></table>	9646.76
Y	Y	Y	Y									
2	0	0	7									
9646.76												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">9646.76</td></tr></table>	9646.76										
9646.76												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">13020.60</td></tr></table>	13020.60	<table border="1" style="width: 100%;"><tr><td align="center">13020.60</td></tr></table>	13020.60								
13020.60												
13020.60												
(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="center">22667.36</td></tr></table>	22667.36	<table border="1" style="width: 100%;"><tr><td align="center">22667.36</td></tr></table>	22667.36								
22667.36												
22667.36												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">7626.91</td></tr></table>	7626.91	<table border="1" style="width: 100%;"><tr><td align="center">7626.91</td></tr></table>	7626.91								
7626.91												
7626.91												
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="center">15040.45</td></tr></table>	15040.45	<table border="1" style="width: 100%;"><tr><td align="center">15040.45</td></tr></table>	15040.45								
15040.45												
15040.45												
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="center">.00</td></tr></table>	.00										
.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="center">.00</td></tr></table>	.00										
.00												

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	1220.00	1220.00
(i) Itemized (use Schedule A)	6481.00	6481.00
(ii) Unitemized	7701.00	7701.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	12701.00	12701.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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)	319.60	319.60
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))	13020.60	13020.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13020.60	13020.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	6076.91	6076.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6076.91	6076.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1350.00	1350.00
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	200.00	200.00
(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))	200.00	200.00
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))..	7626.91	7626.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7626.91	7626.91

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	12701.00	12701.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12501.00	12501.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6076.91	6076.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	319.60	319.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5757.31	5757.31

**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 / 20
	<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	

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

Full Name (Last, First, Middle Initial) A. Xavier Martinez		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 783 Calle De Soto		Transaction ID: SA11A1-133-127-c
City State Zip Code San Marcos CA 92078-5095	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Martinez & Associate, Inc.	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Xavier Martinez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 783 Calle De Soto		Transaction ID: SA11A1-133-265-c
City State Zip Code San Marcos CA 92078-5095	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Martinez & Associate, Inc.	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Xavier Martinez		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 783 Calle De Soto		Transaction ID: SA11A1-133-255-c
City State Zip Code San Marcos CA 92078-5095	Amount of Each Receipt this Period 160.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Martinez & Associate, Inc.	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	230.00
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: (check only one)	PAGE 7 / 20
	<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)
North County Democratic Unity Political Action Coalition

Full Name (Last, First, Middle Initial) A. Dale Ordas		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 300 Carlsbad Village Drive Suite 108A		Transaction ID: SA11A1-42-35-c
City State Zip Code Carlsbad CA 92008-2990	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self: Dale Ordas	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. Dale Ordas		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 300 Carlsbad Village Drive Suite 108A		Transaction ID: SA11A1-42-233-c
City State Zip Code Carlsbad CA 92008-2990	Amount of Each Receipt this Period 160.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self: Dale Ordas	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Dale Ordas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 300 Carlsbad Village Drive Suite 108A		Transaction ID: SA11A1-42-263-c
City State Zip Code Carlsbad CA 92008-2990	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self: Dale Ordas	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional) ▶	490.00
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 / 20
	<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)
North County Democratic Unity Political Action Coalition

A. Full Name (Last, First, Middle Initial) Dale Ordas Mailing Address 300 Carlsbad Village Drive Suite 108A City Carlsbad State CA Zip Code 92008-2990 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7 Transaction ID: SA11A1-42-131-c Amount of Each Receipt this Period 20.00
Name of Employer Self: Dale Ordas Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00		

B. Full Name (Last, First, Middle Initial) James Edmondson Mailing Address 9717 Thorn Lane City Escondido State CA Zip Code 92029-7639 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7 Transaction ID: SA11A1-233-98-c Amount of Each Receipt this Period 30.00
Name of Employer QualComm Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

C. Full Name (Last, First, Middle Initial) James Edmondson Mailing Address 9717 Thorn Lane City Escondido State CA Zip Code 92029-7639 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 7 Transaction ID: SA11A1-233-236-c Amount of Each Receipt this Period 160.00
Name of Employer QualComm Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	210.00
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 9 / 20
	(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

Full Name (Last, First, Middle Initial) A. James Edmondson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 9717 Thorn Lane		Transaction ID: SA11A1-233-264-c Amount of Each Receipt this Period 50.00
City Escondido	State Zip Code CA 92029-7639	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer QualComm	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Democratic Club Of Carlsbad-Oceanside		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 871		Transaction ID: SA11A1-254-259-c Amount of Each Receipt this Period 240.00
City Oceanside	State Zip Code CA 92049-0871	
FEC ID number of contributing federal political committee. C		Paid out of Federally Per- missable Funds
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	1220.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 20
	(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)
Francine Busby For Congress

Mailing Address PO Box 712

City State Zip Code
Cardiff CA 92007-0712

FEC ID number of contributing federal political committee. **C** C00396127

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	2	/	0	9	/	2	0	0	7

Transaction ID: SA11C-11-60-c

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)	▶	5000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" 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)
Paychex

Mailing Address 911 Panorama Trail S

City State Zip Code
Rochester NY 14625-2311

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
319.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 7

Transaction ID: SA15-47-341-e

Amount of Each Receipt this Period
4.80

Refund of Payroll Expenses

B. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 911 Panorama Trail S

City State Zip Code
Rochester NY 14625-2311

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
319.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA15-47-340-e

Amount of Each Receipt this Period
314.80

Refund of Payroll Expenses

SUBTOTAL of Receipts This Page (optional)	▶	319.60
TOTAL This Period (last page this line number only)	▶	319.60

**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

Full Name (Last, First, Middle Initial) A. Lauren Edwards		Transaction ID: SB21B-4-75-e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 209 Fuller Street		Amount of Each Disbursement this Period 250.00
City Oceanside State CA Zip Code 92054-8310	006 Category/Type	
Purpose of Disbursement Award for Fallbrook Essay Contest 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) ▼	

Full Name (Last, First, Middle Initial) B. Jon Monday		Transaction ID: SB21B-28-330-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 4441 La Canada Road		Amount of Each Disbursement this Period 200.20
City Fallbrook State CA Zip Code 92028-8731	001 Category/Type	
Purpose of Disbursement Reimburse: Postage and Delivery 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) ▼	

Full Name (Last, First, Middle Initial) C. Jon Monday		Transaction ID: SB21B-28-322-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 4441 La Canada Road		Amount of Each Disbursement this Period 700.00
City Fallbrook State CA Zip Code 92028-8731	001 Category/Type	
Purpose of Disbursement Reimburse: Video Projector Purchase 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1150.20
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

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

Full Name (Last, First, Middle Initial) A. Jon Monday		Transaction ID: SB21B-28-319-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 4441 La Canada Road		Amount of Each Disbursement this Period 120.00	
City Fallbrook State CA Zip Code 92028-8731	Purpose of Disbursement Reimburse: Postage 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) ▼		

Full Name (Last, First, Middle Initial) B. James Edmondson		Transaction ID: SB21B-233-312-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 9717 Thorn Lane		Amount of Each Disbursement this Period 625.64	
City Escondido State CA Zip Code 92029-7639	Purpose of Disbursement 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) ▼		
		Reimburse Printing Charges for Fundraising	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB21B-5-9-V Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 28360 Old Town Front Street		Amount of Each Disbursement this Period 200.20	
City Fallbrook State CA Zip Code 92028	Purpose of Disbursement Reimburse: Postage 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) ▼		
		[MEMO ITEM] Subitemization of Jon Monday	

SUBTOTAL of Disbursements This Page (optional) ▶	745.64
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

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

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB21B-5-4-V Date of Disbursement MM / DD / YYYY 04 / 18 / 2007
Mailing Address 28360 Old Town Front Street		Amount of Each Disbursement this Period 52.00
City Fallbrook State CA Zip Code 92028	Purpose of Disbursement Office Supplies / Postage 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) ▼	[MEMO ITEM] Subitemization of Robert Hamilton

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: SB21B-5-11-V Date of Disbursement MM / DD / YYYY 04 / 14 / 2007
Mailing Address 28360 Old Town Front Street		Amount of Each Disbursement this Period 120.00
City Fallbrook State CA Zip Code 92028	Purpose of Disbursement Reimburse: Postage 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) ▼	[MEMO ITEM] Subitemization of Jon Monday

Full Name (Last, First, Middle Initial) C. OCI Retail Computer Sciences		Transaction ID: SB21B-283-299-e Date of Disbursement MM / DD / YYYY 03 / 07 / 2007
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 56.94
City Escondido State CA Zip Code 92025-6127	Purpose of Disbursement Administrative/Salary/Overhead: 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) ▶	56.94
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)

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<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

Full Name (Last, First, Middle Initial) A. OCI Retail Computer Sciences		Transaction ID: SB21B-283-301-e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 56.94
City Escondido State CA Zip Code 92025-6127	Purpose of Disbursement Administrative/Salary/Overhead: 001 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) B. OCI Retail Computer Sciences		Transaction ID: SB21B-283-305-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 56.94
City Escondido State CA Zip Code 92025-6127	Purpose of Disbursement Administrative/Salary/Overhead: 001 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. OCI Retail Computer Sciences		Transaction ID: SB21B-283-303-e Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 56.94
City Escondido State CA Zip Code 92025-6127	Purpose of Disbursement Administrative/Salary/Overhead: 001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	170.82
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)

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<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

Full Name (Last, First, Middle Initial) A. OCI Retail Computer Sciences		Transaction ID: SB21B-283-71-e Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 12.00
City Escondido State CA Zip Code 92025-6127		
Purpose of Disbursement Administrative/Salary/Overhead:	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) ▼	

Full Name (Last, First, Middle Initial) B. OCI Retail Computer Sciences		Transaction ID: SB21B-283-300-e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 56.94
City Escondido State CA Zip Code 92025-6127		
Purpose of Disbursement Computer Software	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) ▼	

Full Name (Last, First, Middle Initial) C. OCI Retail Computer Sciences		Transaction ID: SB21B-283-302-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 56.94
City Escondido State CA Zip Code 92025-6127		
Purpose of Disbursement Administrative/Salary/Overhead:	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) ▶	125.88
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)
North County Democratic Unity Political Action Coalition

Full Name (Last, First, Middle Initial) A. OCI Retail Computer Sciences		Transaction ID: SB21B-283-311-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1651 S Juniper Street		Amount of Each Disbursement this Period 193.95
City Escondido State CA Zip Code 92025-6127		
Purpose of Disbursement Administrative/Salary/Overhead: 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) ▼	

Full Name (Last, First, Middle Initial) B. Stone World Bistro		Transaction ID: SB21B-288-308-e Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1999 W Citracado Parkway		Amount of Each Disbursement this Period 2440.00
City Escondido State CA Zip Code 92029-4158		
Purpose of Disbursement Event Fees: Rental/Food/Beverage 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. California Computer Center		Transaction ID: SB21B-296-10-V Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 444 S. Flower Street		Amount of Each Disbursement this Period 700.00
City Los Angeles State CA Zip Code 90071		
Purpose of Disbursement Reimburse: Computer Equipment and Suppli 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) ▼	

[MEMO ITEM]
Subitemization of Jon Monday

SUBTOTAL of Disbursements This Page (optional) ▶	2633.95
TOTAL This Period (last page this line number only) ▶	4883.43

**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)

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<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)
North County Democratic Unity Political Action Coalition

Full Name (Last, First, Middle Initial) A. San Diego County Democratic Party		Transaction ID: SB23-81-331-e Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 8304 Clairemont Mesa Boulevard Suite 108		Amount of Each Disbursement this Period 800.00
City San Diego State CA Zip Code 92111-1315	Purpose of Disbursement Contribution to Fundraising Event Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. California Alliance for Retired Americans		Transaction ID: SB23-285-314-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 2020 W Chapman Avenue		Amount of Each Disbursement this Period 50.00
City Orange State CA Zip Code 92868-2610	Purpose of Disbursement Political Contribution: Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. San Diego County Young Democrats		Transaction ID: SB23-290-316-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 1804 Garnet Avenue # 214		Amount of Each Disbursement this Period 500.00
City San Diego State CA Zip Code 92109-3352	Purpose of Disbursement Political Contribution: Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1350.00
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)

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<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)

North County Democratic Unity Political Action Coalition

Full Name (Last, First, Middle Initial)

A. San Diego County Young Democrats

Mailing Address 1804 Garnet Avenue
214

City San Diego State CA Zip Code 92109-3352

Purpose of Disbursement
Reimburse: Contribution to Young Dems fo

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23-290-12-V

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

0.00

[MEMO ITEM]

Subitemization of Dale
Ordas

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

1350.00

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)

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<input 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 checked="" 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

Full Name (Last, First, Middle Initial) A. Dale Ordas		Transaction ID: SB28a-42-323-e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 300 Carlsbad Village Drive Suite 108A		Amount of Each Disbursement this Period 200.00	
City Carlsbad State CA Zip Code 92008-2990	Purpose of Disbursement Contribution Refund: Contribution Refund 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 010	

SUBTOTAL of Disbursements This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	200.00