

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

ADDRESS (number and street) **901 VIA ROSITA**
Check if different than previously reported. (ACC) **SANTA BARBARA CA 93110**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00399444 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 Year-End 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 **11** / **08** / **2016** in the State of **CA**

5. Covering Period **10** / **01** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
DEXTER, JILL, , ,
Type or Print Name of Treasurer

Signature of Treasurer DEXTER, JILL, , , [Electronically Filed] Date **01** / **31** / **2017**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		48437.51
(b) Cash on Hand at Beginning of Reporting Period.....	54675.78	
(c) Total Receipts (from Line 19)	2360.00	59519.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57035.78	107956.51
7. Total Disbursements (from Line 31).....	9862.17	60782.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47173.61	47173.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Report Covering the Period: From: / / To: / /

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).....	1120.00	37595.00
(ii) Unitemized	1215.00	21859.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2335.00	59454.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2335.00	59494.00
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).....	25.00	25.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	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 Transfers (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)).....▶	2360.00	59519.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2360.00	59519.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	7862.17	41309.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7862.17	41309.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4643.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2000.00	14830.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	9862.17	60782.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9862.17	60782.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2335.00	59494.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2335.00	59494.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7862.17	41309.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25.00	25.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7837.17	41284.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. BORAH, ESTHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3825
 City SANTA BARBARA State CA Zip Code 93130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.6875
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. BORAH, ESTHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3825
 City SANTA BARBARA State CA Zip Code 93130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.6943
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Capps, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 729 Mission Canyon Rd.
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mission Partners Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.6942
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

70.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. DEXTER, JILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 VIA ROSITA

City SANTA BARBARA	State CA	Zip Code 93110
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

Transaction ID : SA11AI.6870

Amount of Each Receipt this Period
50.00

Memo Item

B. DEXTER, JILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 VIA ROSITA

City SANTA BARBARA	State CA	Zip Code 93110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2055.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period
10.00

Memo Item

C. Feinberg, Steve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 W. Canon Perdido St

City Santa Barbara	State CA	Zip Code 93101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tempest Telecom Solutions	Occupation (for Individual) Account Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

Transaction ID : SA11AI.6954

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Gaines, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3940 Camellia Ln
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Travel agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 11 / 02 / 2016
Transaction ID : SA11AI.6874
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Gaines, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3940 Camellia Ln
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Travel agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 11 / 02 / 2016
Transaction ID : SA11AI.6959
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Hartmann, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 Poppy Valley Road
 City Buellton State CA Zip Code 93427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Santa Barbara County Occupation (for Individual) Planning Commissioner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 02 / 2016
Transaction ID : SA11AI.6966
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Heller, Lee, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1592

City Summerland	State CA	Zip Code 93067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11AI.6968

Amount of Each Receipt this Period
10.00

Memo Item

B. HOLLAND, SHERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 SELROSE LN

City SANTA BARBARA	State CA	Zip Code 93109
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period
20.00

Memo Item

C. HOLLAND, SHERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 SELROSE LN

City SANTA BARBARA	State CA	Zip Code 93109
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11AI.6970

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Hunt, Vikki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4687 Via Roblada
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Photographer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.6885
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jahangir, Sholeh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 Via Regina
 City Santa Barbara State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Businesswoman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.6974
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murdock, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 W Los Olivos St #A
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansum Clinic Occupation (for Individual) Marriage Family Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.6984
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	530.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Osherenko, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 835 Via Granada
 City Santa Barbara State CA Zip Code 93103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSB Occupation (for Individual) Filmmaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.6878
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Reid, Jaqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 436 Alan Rd
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSB Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.6987
 Amount of Each Receipt this Period 10.00
 Memo Item

C. TETON-LANDIS, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 VIA ALEGRE
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1780.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.6873
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
	<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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. TETON-LANDIS, GAIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA	State CA	Zip Code 93110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11AI.6999

Amount of Each Receipt this Period
20.00

Memo Item

B. WYLIE, MARY ELLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 367 ALEX PL

City GOLETA	State CA	Zip Code 93117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11AI.6880

Amount of Each Receipt this Period
20.00

Memo Item

C. WYLIE, MARY ELLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 367 ALEX PL

City GOLETA	State CA	Zip Code 93117
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11AI.7005

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	1120.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial) A. ATKINS, GARY, , ,		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1126 DEL MAR AVE		FEC Identification Number C [] Transaction ID : SB21B.7014 Amount of Each Disbursement this Period [] 155.00	
City SANTA BARBARA	State CA	Zip Code 93101	Category/ Type []
Purpose of Disbursement Fundraising event expense			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address PO Box 8999		FEC Identification Number C [] Transaction ID : SB21B.7012 Amount of Each Disbursement this Period [] 37.74	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit card processing fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address PO Box 8999		FEC Identification Number C [] Transaction ID : SB21B.7028 Amount of Each Disbursement this Period [] 31.75	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit card processing fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 224.49
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"/> 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Casa Blanca

Mailing Address 330 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement Fundraising event venue

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.7015
Amount of Each Disbursement this Period
1840.86

Memo Item

Full Name (Last, First, Middle Initial)

B. ECHO COMMUNICATIONS

Mailing Address 924 CHAPALA ST., #D

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement Web expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.7025
Amount of Each Disbursement this Period
93.00

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.7011
Amount of Each Disbursement this Period
261.23

Memo Item

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

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

2195.09

**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"/> 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fee

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C []
Transaction ID : SB21B.7029
Amount of Each Disbursement this Period
[] 309.69

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS BILTMORE

Mailing Address 1260 CHANNEL DR

City SANTA BAARBARA State CA Zip Code 93108

Purpose of Disbursement
Fundraising event venue

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C []
Transaction ID : SB21B.7013
Amount of Each Disbursement this Period
[] 2382.99

Memo Item

Full Name (Last, First, Middle Initial)

C. SANTA BARBARA INDEPENDENT

Mailing Address 122 W FIGUEROA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
Print ad

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2016			

FEC Identification Number

C []
Transaction ID : SB21B.7017
Amount of Each Disbursement this Period
[] 605.00

Memo Item

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

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

[] 3297.68

[]

**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"/> 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)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial) A. TETON-LANDIS, GAIL, , ,		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 4450 VIA ALEGRE		FEC Identification Number C [] Transaction ID : SB21B.7020 Amount of Each Disbursement this Period [] 75.00	
City SANTA BARBARA	State CA	Zip Code 93110	Category/ Type []
Purpose of Disbursement Unitemized reimbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. U.S. POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 675 E SANTA CLARA ST		FEC Identification Number C [] Transaction ID : SB21B.7027 Amount of Each Disbursement this Period [] 258.50	
City VENTURA	State CA	Zip Code 93001	Category/ Type []
Purpose of Disbursement Postage			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 333.50
TOTAL This Period (last page this line number only).....▶	[] 7424.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Democratic Women of Santa Barbara County State Account

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 90655

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

City Santa Barbara State CA Zip Code 93190

FEC Identification Number

Purpose of Disbursement Contribution

C

Candidate Name

Category/Type

Transaction ID : SB29.7023

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

1000.00

Memo Item

B. Democratic Women of Santa Barbara County State Account

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 90655

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

City Santa Barbara State CA Zip Code 93190

FEC Identification Number

Purpose of Disbursement Contribution

C

Candidate Name

Category/Type

Transaction ID : SB29.7026

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y
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City State Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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Memo Item

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

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

2000.00

2000.00
