

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

DEC 10 1 59 PM '96

USE FEC MAILING LABEL  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>San Luis Obispo County Democratic Central Committee</u>		2. FEC IDENTIFICATION NUMBER <u>C00276657</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>PO Box 15157</u>		
CITY, STATE and ZIP CODE <u>San Luis Obispo CA 93401</u>		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
Nov 5 96 in the State of CA

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-12-96</u> through <u>11-25-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ <u>1654</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>2568</u>	
(c) Total Receipts (from Line 10)	\$ <u>560</u>	\$ <u>15649</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>3128</u>	\$ <u>17303</u>
7. Total Disbursements (from Line 30)	\$ <u>2059</u>	\$ <u>16235</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>1069</u>	\$ <u>1068</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>-</u>	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>-</u>	

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 <u>CHARLES W. MAAS</u>	Date <u>12-5-96</u>
Signature of Treasurer <u>Charles W Maas</u>	

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
<b>County Democratic Central Committee</b> Post Office Box 15155 San Luis Obispo, CA 93406 I. Receipts	FROM	TO	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (see Schedule A)		675	11(a)(i)
ii. Unitemized	460	13140	11(a)(ii)
iii. Total (add i and ii) >	460	13140	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a, b, and c) >			11(d)
12. Transfers From Affiliated/Other Party Committees	100	1834	12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	580	15649	19
20. Total Federal Receipts (subtract line 18 from line 19) >	560	15649	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	2059	16235	21(b)
c. Total Operating Expenditures (add a, i, ii, and b) >	2059	16235	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (see Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2059	16235	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2059	16235	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	2059	16235	37

SCHEDULE A

ITEMIZED RECEIPTS

*TRANSFER*

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

PAGE 1 OF 1  
FOR LINE NUMBER 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)			
<b>County Democratic Central Committee</b> Post Office Box 15155 San Luis Obispo, CA 93406			
A. Full Name, Mailing Address and ZIP Code <i>El Mono Democratic Club</i> PO Box 6032 Los Olivos CA 93412	Name of Employer _____	Date (month, day, year) 11/12	Amount of Each Receipt this Period 100
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Aggregate Year-to-Date > \$ _____		
B. Full Name, Mailing Address and ZIP Code			
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			100
<b>TOTAL This Period (last page this line number only)</b> .....			100

SCHEDULE B

ITEMIZED DISBURSEMENTS

1 1  
216

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NAME OF COMMITTEE (in Full): **County Democratic Central Committee**  
**Post Office Box 15155**  
**San Luis Obispo, CA 93406**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
P6+E 406 Higuera SLO CA 93401	Electronics Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6	45
B. Full Name, Mailing Address and ZIP Code PACIFIC BELL 406 Higuera SLO CA 93401	Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21	92
C. Full Name, Mailing Address and ZIP Code GOODFIELD PO Box 117 Summerland CA 93067	REAR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6	567.23
D. Full Name, Mailing Address and ZIP Code Deanna PEREZ Pico Rivera CA	1000 - VICT. PTY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9	250
E. Full Name, Mailing Address and ZIP Code BUSINESS IMPROVEMENT ASSN PO Box 112 SLO CA 93401	STREET FAIR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21	30
F. Full Name, Mailing Address and ZIP Code SAPLES 3030 BROAD SLO CA 93401	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21 10/21 10/21	133 567 61
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1745
TOTAL This Period (last page this line number only)	1745

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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DATE OF RECEIPT

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and Registration

DATE OF RECEIPT

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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

MSM

PREPARER

12/10/96

DATE PREPARED