

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 (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 04 01 2005 through 06 30 2005

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 Meagan Levitan

Signature of Treasurer Electronically Filed by Meagan Levitan Date 04 17 2006

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		4303.83
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	1316.19									
(c) Total Receipts (from Line 19)	21898.31	30442.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23214.50	34746.56								
7. Total Disbursements (from Line 31)	18852.54	30384.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4361.96	4361.96								
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)	4751.02									

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
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	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	7925.00	8925.00
(i) Itemized (use Schedule A)	11192.00	12320.00
(ii) Unitemized	19117.00	21245.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	25.00	25.00
(c) Other Political Committees (such as PACs)	19142.00	21270.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	2000.00	2000.00
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	756.31	7172.73
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	756.31	7172.73
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21898.31	30442.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21142.00	23270.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	2155.65	4030.88
(ii) Non-Federal Share.....	8109.36	15163.80
(b) Other Federal Operating Expenditures.....	8587.53	11189.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18852.54	30384.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	18852.54	30384.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10743.18	15220.80

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)	19142.00	21270.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19142.00	21270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10743.18	15220.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10743.18	15220.80

**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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Col. Jennifer Alexander		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 5	
Mailing Address 2338 California Street		Transaction ID: INC:A:93	
City State Zip Code San Francisco CA 94115		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Unemployed Unemployed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Col. Jennifer Alexander		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 5	
Mailing Address 2338 California Street		Transaction ID: INC:A:121	
City State Zip Code San Francisco CA 94115		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Unemployed Unemployed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Joseph G. Ansel, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 5	
Mailing Address 285 Morning Sun Avenue		Transaction ID: INC:A:122	
City State Zip Code Mill Valley CA 94941		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Ansel & Associates Designer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
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 7 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. William M. Brinton		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 5	
Mailing Address 2434 Broadway Street		Transaction ID: INC:A:123	
City State Zip Code San Francisco CA 94115	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NA Occupation Retired	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kevin Covinsky		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 5	
Mailing Address 1659 12th Avenue		Transaction ID: INC:A:97	
City State Zip Code San Francisco CA 94122	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OCSF Occupation Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Maryon Davies Lewis		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 5	
Mailing Address 2900 Broadway Street		Transaction ID: INC:A:126	
City State Zip Code San Francisco CA 94115	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NA Occupation Retired	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Elizabeth B. Denebeim		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 5	
Mailing Address 200 Saint Francis Blvd		Transaction ID: INC:A:151	
City State Zip Code San Francisco CA 94127	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Institute on Aging	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Robert D. Dockendorff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 5	
Mailing Address 260 Amber Drive		Transaction ID: INC:A:124	
City State Zip Code San Francisco CA 94131-1628	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NA	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Robert D. Dockendorff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 5	
Mailing Address 260 Amber Drive		Transaction ID: INC:A:134	
City State Zip Code San Francisco CA 94131-1628	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NA	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	425.00
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 9 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Dick Grosboll		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 44 Montgomery Street		Transaction ID: INC:A:125	
City State Zip Code San Francisco CA 94104		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Neyhart, Anderson, Freitas, Flynn & Gr Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Randall P. Harrison		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address PO Box 22541		Transaction ID: INC:A:152	
City State Zip Code San Francisco CA 94122		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Requested 05 Requested 05			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Thomas Jeffrey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 5	
Mailing Address 895 29th Avenue Apt 301		Transaction ID: INC:A:116	
City State Zip Code San Francisco CA 94121-3551		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Requested 05 Requested 05			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 10 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Mary Jung		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 320 San Leandro Way		Transaction ID: INC:A:117	
City State Zip Code San Francisco CA 94127	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SF Public Utils Cmsn	Occupation Commission Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Paula Kitses		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 5	
Mailing Address 675 Waller Street		Transaction ID: INC:A:118	
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer United Airlines	Occupation Flight Attendant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dorothy N. Lathan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 5	
Mailing Address 2350 48th Avenue		Transaction ID: INC:A:148	
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Museum of the African Dia- spora	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
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 11 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. James L. Lazarus		Date of Receipt MM / DD / YYYY 04 / 05 / 2005
Mailing Address 65 5th Avenue		Transaction ID: INC:A:92
City State Zip Code San Francisco CA 94118	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer San Francisco History Museum	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Meagan Levitan		Date of Receipt MM / DD / YYYY 04 / 05 / 2005
Mailing Address 8 7th Avenue		Transaction ID: INC:A:91
City State Zip Code San Francisco CA 94118	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Hill & Co	Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Constance J. O'Connor		Date of Receipt MM / DD / YYYY 04 / 22 / 2005
Mailing Address 30 Chicago Way		Transaction ID: INC:A:94
City State Zip Code San Francisco CA 94112	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer C&Co San Francisco	Occupation Deputy Sheriff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 12 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Paul M. O'Donnell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 310 Parnassus Ave Apt 103		Transaction ID: INC:A:248
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Venture Lab	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Elaine T. Pelavin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 5
Mailing Address 90 Woodland Avenue		Transaction ID: INC:A:127
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed (same name)	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JaMel S. Perkins		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 5
Mailing Address 3565 Washington Street		Transaction ID: INC:A:149
City State Zip Code San Francisco CA 94118	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer San Francisco Education Fund	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 13 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Roslyn Robbins Dienstein		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 5	
Mailing Address PO Box 640383		Transaction ID: INC:A:147	
City State Zip Code San Francisco CA 94164	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Steven J. Spears		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 5	
Mailing Address 2691 16th Avenue		Transaction ID: INC:A:128	
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer State of California	Occupation Seasonal Employer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Daniel J. Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 5	
Mailing Address 564 Liberty Street		Transaction ID: INC:A:129	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed (same name)	Occupation City Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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 14 / 35
	<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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Elizabeth C. Theil		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 5	
Mailing Address 915 Colest #158		Transaction ID: INC:A:258	
City State Zip Code San Francisco CA 94117		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Childrens Hospital Oakland Research In		Occupation Faculty Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Betty Yee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 5	
Mailing Address 1425 Taraval Street		Transaction ID: INC:A:95	
City State Zip Code San Francisco CA 94116		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer State Board of Equalization		Occupation Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Betty Yee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 0 / 2 0 0 5	
Mailing Address 1425 Taraval Street		Transaction ID: INC:A:153	
City State Zip Code San Francisco CA 94116		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer State Board of Equalization		Occupation Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	7925.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 35
	(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)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial)
Raoul Wallenberg Jewish Democratic Club (841424)

Mailing Address 1550 California Street, Suite 6293

City	State	Zip Code
San Francisco	CA	94109

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	5

Transaction ID: INC:A:283

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	25.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 35	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input checked="" 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)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial)
Meagan Levitan

Mailing Address 8 7th Avenue

City	State	Zip Code
San Francisco	CA	94118

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

Name of Employer Hill & Co	Occupation Realtor
-------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	0	5

Transaction ID: PAY:A:90

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

**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"/> 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

Full Name (Last, First, Middle Initial) A. Accurate Printing		Transaction ID: EXP:B:111 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 760 Bryant Street		Amount of Each Disbursement this Period 694.40
City San Francisco State CA Zip Code 94107	Purpose of Disbursement Invitations - fundraiser 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 003

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: EXP:B:99 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 501 Castro Street		Amount of Each Disbursement this Period 12.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Bank Fees 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 001

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: EXP:B:146 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 501 Castro Street		Amount of Each Disbursement this Period 12.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Bank Fees 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 001

SUBTOTAL of Disbursements This Page (optional) ▶	718.40
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)

PAGE 18 / 35

<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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: EXP:B:162 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 501 Castro Street		Amount of Each Disbursement this Period 12.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Bank Fees	
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. Douglas & Co.		Transaction ID: EXP:B:112 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 1284 Chestnut Street		Amount of Each Disbursement this Period 300.00
City San Francisco State CA Zip Code 94109	Purpose of Disbursement Website maintenance and hosting fees.	
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. Entango Corp		Transaction ID: EXP:B:98 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address 584 Castro Street #348		Amount of Each Disbursement this Period 28.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Merchant account fees	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	340.00
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 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

Full Name (Last, First, Middle Initial) A. Entango Corp		Transaction ID: EXP:B:110 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 5
Mailing Address 584 Castro Street #348		Amount of Each Disbursement this Period 650.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Merchant account fees Candidate Name Category/Type 003	
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. Entango Corp		Transaction ID: EXP:B:163 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address 584 Castro Street #348		Amount of Each Disbursement this Period 18.40
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Merchant account fees Candidate Name Category/Type 003	
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. Entango Corp		Transaction ID: EXP:B:165 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address 584 Castro Street #348		Amount of Each Disbursement this Period 24.00
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Merchant account fees Candidate Name Category/Type 003	
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) ▶	692.40
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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. Nutter Consulting		Transaction ID: EXP:B:157 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 3000.00
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Administrative consultant 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) ▼

Full Name (Last, First, Middle Initial) B. Nutter Consulting		Transaction ID: EXP:B:158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 3145 Geary Blvd #464		Amount of Each Disbursement this Period 35.41
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Supplies - voter drive Candidate Name Category/Type 007	
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. Olson Hagel Waters & Fishburn		Transaction ID: EXP:B:113 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 775.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Legal fees 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) ▶	3810.41
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)
San Francisco Democratic County Central Committee

A. Full Name (Last, First, Middle Initial) Jim Rivaldo		Transaction ID: EXP:B:102 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 1456 Grove Street		Amount of Each Disbursement this Period 1000.00
City San Francisco State CA Zip Code 94117	Purpose of Disbursement Design of Party materials 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 006

B. Full Name (Last, First, Middle Initial) Warren & Associates LLC		Transaction ID: EXP:B:101 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 2261 Market Street #319		Amount of Each Disbursement this Period 287.85
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Accounting 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 001

C. Full Name (Last, First, Middle Initial) Warren & Associates LLC		Transaction ID: EXP:B:159 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 2261 Market Street #319		Amount of Each Disbursement this Period 1255.07
City San Francisco State CA Zip Code 94114	Purpose of Disbursement Accounting 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 001

SUBTOTAL of Disbursements This Page (optional) ▶	2542.92
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)
San Francisco Democratic County Central Committee

Full Name (Last, First, Middle Initial) A. WF Secure Source/Authorize.net		Transaction ID: EXP:B:45 Date of Disbursement																					
Mailing Address 40539 Encyclopedia Circle		<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>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	5		2	0	5															
City Fremont	State CA	Zip Code 94538	Amount of Each Disbursement this Period																				
Purpose of Disbursement CC fees		<input type="text" value="003"/>	<input type="text" value="35.40"/>																				
Candidate Name		Category/ Type																					
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. WF Secure Source/Authorize.net		Transaction ID: EXP:B:46 Date of Disbursement																					
Mailing Address 40539 Encyclopedia Circle		<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>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	3		2	0	5															
City Fremont	State CA	Zip Code 94538	Amount of Each Disbursement this Period																				
Purpose of Disbursement CC fees		<input type="text" value="003"/>	<input type="text" value="35.00"/>																				
Candidate Name		Category/ Type																					
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. WF Secure Source/Authorize.net		Transaction ID: EXP:B:47 Date of Disbursement																					
Mailing Address 40539 Encyclopedia Circle		<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>0</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	5															
City Fremont	State CA	Zip Code 94538	Amount of Each Disbursement this Period																				
Purpose of Disbursement CC fees		<input type="text" value="003"/>	<input type="text" value="35.00"/>																				
Candidate Name		Category/ Type																					
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)	<input type="text" value="105.40"/>
TOTAL 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 23 / 35

<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

Full Name (Last, First, Middle Initial)

A. Zephyr Real estate

Mailing Address 4200 17th Street

City San Francisco State CA Zip Code 94114

Purpose of Disbursement
Phone bank

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP:B:160

Date of Disbursement

06 / 22 / 2005

Amount of Each Disbursement this Period

378.00

SUBTOTAL of Disbursements This Page (optional)

378.00

TOTAL This Period (last page this line number only)

8587.53

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / 35 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
San Francisco Democratic County Central Committee

Transaction ID: PAY:C:90

LOAN SOURCE Full Name (Last, First, Middle Initial) Meagan Levitan	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 7th Avenue	
City San Francisco State CA ZIP Code 94118	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div>
--	--	--

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>4</td></tr> </table>	M	M	0	4	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>5</td></tr> </table>	D	D	0	5	<table style="font-size: small;"> <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>5</td></tr> </table>	Y	Y	Y	Y	2	0	0	5	20051231
M	M																		
0	4																		
D	D																		
0	5																		
Y	Y	Y	Y																
2	0	0	5																
		0.00 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Democratic Party	Nature of Debt (Purpose): Insurance
Mailing Address 1401 21st Street Suite 100	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 800.00	Transaction ID: PAY:D:4	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hana Ivanhoe	Nature of Debt (Purpose): Postage/Delivery
Mailing Address 16401 Akron	
City State ZIP Code Los Angeles CA 90272	

Outstanding Balance Beginning This Period 97.27	Transaction ID: PAY:D:8	
Amount Incurred This Period -97.27	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leslie Katz	Nature of Debt (Purpose): Misc office & retreat exp
Mailing Address 343 Coleridge Street	
City State ZIP Code San Francisco CA 94110-5442	

Outstanding Balance Beginning This Period 427.72	Transaction ID: PAY:D:10	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 427.72

1) SUBTOTALS This Period This Page (optional).....	1227.72
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Website fees
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:177	
Amount Incurred This Period 46.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Administrative consultant
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 2300.00	Transaction ID: PAY:D:59	
Amount Incurred This Period 0.00	Payment This Period 2300.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Voter registration project
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period 110.23	Transaction ID: PAY:D:66	
Amount Incurred This Period 0.00	Payment This Period 110.23	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	46.40
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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 27 / 35
	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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): Admin consultant & office supplies
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period <input type="text" value="3351.86"/>	Transaction ID: PAY:D:67	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3351.86"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nutter Consulting	Nature of Debt (Purpose): EMail
Mailing Address 3145 Geary Blvd #464	
City State ZIP Code San Francisco CA 94118	

Outstanding Balance Beginning This Period <input type="text" value="31.97"/>	Transaction ID: PAY:D:68	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="31.97"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Olivia Cruise Lines	Nature of Debt (Purpose): Phone bank
Mailing Address 434 Brannan Street	
City State ZIP Code San Francisco CA 94107	

Outstanding Balance Beginning This Period <input type="text" value="546.00"/>	Transaction ID: PAY:D:12	
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="546.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="546.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC	Nature of Debt (Purpose): Telephone
Mailing Address Payment Center	
City State ZIP Code Sacramento CA 95887-0001	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:174	
Amount Incurred This Period 79.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 79.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC	Nature of Debt (Purpose): Accounting
Mailing Address 2261 Market Street #319	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period 348.61	Transaction ID: PAY:D:175	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 348.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC	Nature of Debt (Purpose): Accounting
Mailing Address 2261 Market Street #319	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:176	
Amount Incurred This Period 392.22	Payment This Period 0.00	Outstanding Balance at Close of This Period 392.22

1) SUBTOTALS This Period This Page (optional).....	820.65
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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 29 / 35
	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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Warren & Associates LLC	Nature of Debt (Purpose): Accounting
Mailing Address 2261 Market Street #319	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: PAY:D:178	
Amount Incurred This Period <input type="text" value="110.25"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="110.25"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zephyr Real estate	Nature of Debt (Purpose): Phone bank
Mailing Address 4200 17th Street	
City State ZIP Code San Francisco CA 94114	

Outstanding Balance Beginning This Period <input type="text" value="378.00"/>	Transaction ID: PAY:D:16	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="378.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="110.25"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="2751.02"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
San Francisco Demo Cnty Central Com	M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5	756.31

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	756.31	Transaction ID: INC:H3AD:133
ii) Generic Voter Drive	0.00	Transaction ID: INC:H3GV:133
iii) Exempt Activities	0.00	Transaction ID: INC:H3EA:133
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DF:133
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____	0.00	Transaction ID: INC:H3DC:133
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)	756.31
TOTAL This Period (Generic Voter Drive)	0.00
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)	756.31

**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) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date [19084.45]	
City San Francisco	State CA	Zip Code 94118	[001]	
Purpose of Disbursement: Administrative consultant			Category/ Type [001]	
Activity or Event Identifier:			Date [04 / 05 / 2005] Transaction ID: PAY:H4:83	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[306.60]		[1153.40]		[1460.00]

B. Full Name (Last, First, Middle Initial) Nutter Consulting			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date [110.23]	
City San Francisco	State CA	Zip Code 94118	[007]	
Purpose of Disbursement: Voter registration project			Category/ Type [007]	
Activity or Event Identifier:			Date [04 / 05 / 2005] Transaction ID: PAY:H4:81	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[8.32]		[31.28]		[39.60]

C. Full Name (Last, First, Middle Initial) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date [19084.45]	
City San Francisco	State CA	Zip Code 94118	[001]	
Purpose of Disbursement: Admin consultant & office supplies			Category/ Type [001]	
Activity or Event Identifier:			Date [04 / 29 / 2005] Transaction ID: PAY:H4:104	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[140.99]		[530.39]		[671.38]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[455.91]		[1715.07]		[2170.98]

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) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 19084.45	
City San Francisco	State CA	Zip Code 94118	Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5	
Purpose of Disbursement: Admin consultant & Office supply			Transaction ID: PAY:H4:108	
Activity or Event Identifier:			Category/ Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.69		1187.59		1503.28

B. Full Name (Last, First, Middle Initial) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 19084.45	
City San Francisco	State CA	Zip Code 94118	Date M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5	
Purpose of Disbursement: Administrative consultant			Transaction ID: PAY:H4:140	
Activity or Event Identifier:			Category/ Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
176.40		663.60		840.00

C. Full Name (Last, First, Middle Initial) Nutter Consulting			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 110.23	
City San Francisco	State CA	Zip Code 94118	Date M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5	
Purpose of Disbursement: Voter registration project			Transaction ID: PAY:H4:136	
Activity or Event Identifier:			Category/ Type 007	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.83		55.80		70.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
506.92		1906.99		2413.91

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) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 19084.45		
City San Francisco	State CA	Zip Code 94118	Date <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Admin consultant & office supplies			Transaction ID: PAY:H4:142		
Activity or Event Identifier:			Category/Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
562.90		2117.58		2680.48

B. Full Name (Last, First, Middle Initial) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 19084.45		
City San Francisco	State CA	Zip Code 94118	Date <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: EMail			Transaction ID: PAY:H4:138		
Activity or Event Identifier:			Category/Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.71		25.26		31.97

C. Full Name (Last, First, Middle Initial) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 19084.45		
City San Francisco	State CA	Zip Code 94118	Date <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Admin consultant & Office supply			Transaction ID: PAY:H4:144		
Activity or Event Identifier:			Category/Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
247.15		929.77		1176.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
816.76		3072.61		3889.37

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) Nutter Consulting			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 3145 Geary Blvd #464			Allocated Activity or Event Year-To-Date 19084.45		
City San Francisco	State CA	Zip Code 94118	Date M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5		
Purpose of Disbursement: Admin consultant & Office supply			Transaction ID: PAY:H4:155		
Activity or Event Identifier:			Category/ Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.85		492.23		623.08

B. Full Name (Last, First, Middle Initial) US 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 PO Box 2847			Allocated Activity or Event Year-To-Date 19084.45		
City Portland	State OR	Zip Code 97208-2847	Date M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5		
Purpose of Disbursement:			Transaction ID: EXP:H4:114		
Activity or Event Identifier:			Category/ Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		19.75		25.00

C. Full Name (Last, First, Middle Initial) Warren & Associates LLC			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 2261 Market Street #319			Allocated Activity or Event Year-To-Date 19084.45		
City San Francisco	State CA	Zip Code 94114	Date M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5		
Purpose of Disbursement: Accounting			Transaction ID: EXP:H4:115		
Activity or Event Identifier:			Category/ Type 001		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
239.96		902.71		1142.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
376.06		1414.69		1790.75

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
2155.65		8109.36		10265.01

Image# 26950056871

Form/Schedule: **F3XA** Update to Schedule B and correction to summary page.
Transaction ID:
