REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

COPY

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
SANTA BARBARA COUNTY
REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

5266 HOLLISTER AVENUE

CITY, STATE and ZIP CODE

SANTA BARBARA, CA 93111

2. FEC IDENTIFICATION NUMBER
C00174334

3. ☐ 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 _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 1994		$ 809.32
(b) Cash on Hand at Beginning of Reporting Period	$ 1,964.42	
(c) Total Receipts (from Line 19)	$ 2,083.56	$ 29,827.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,047.98	$ 30,636.86
7. Total Disbursements (from Line 30)	$ 681.61	$ 27,270.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,366.37	$ 3,366.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer

Date

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

FEC FORM 3X
(revised 9/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

REPORT COVERING PERIOD FROM 11/29/94 TO: 12/31/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees		2,580.50	11(a)(i)
i. Itemized (use Schedule A)	35.00	12,090.25	11(a)(ii)
ii. Unitemized	35.00	14,670.75	11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees		1,000.00	11(c)
c. Other Political Committees (such as PACs)	35.00	15,670.75	11(d)
d. Total Contributions (add a iii, b and c) ➤	492.50	6,267.00	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received	516.93	516.93	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)	1,039.13	7,372.86	18
18. Transfers from Nonfederal Account for Joint Activity	2,083.56	29,827.54	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,044.43	22,454.68	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	159.29	3,016.10	21(a)(i)
i. Federal Share	399.96	7,372.90	21(a)(ii)
ii. Non-Federal Share	132.36	16,881.49	21(b)
b. Other Federal Operating Expenditures	681.61	27,270.49	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements	681.61	27,270.49	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	291.65	19,897.59	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	35.00	15,670.75	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	35.00	15,670.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	291.65	19,897.59	35
36. Offsets to Operating Expenditures (from line 15)	516.93	516.93	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	(225.28)	19,380.66	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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)

SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CALIFORNIA REPUBLICAN PARTY 1903 W. MAGNOLIA BLVD. BURBANK, CA 91506		12/1/94 12/22/94	162.50 330.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 6,267.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 492.50

COPY

COVER PAGE - LONG FORM

Recipient Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Special Odd-year Campaign Report
- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this Statement.)
- ☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period	Date Stamp	
From 7/1/94		[redacted]
through 12/31/94		Page 1 of 5
Date of election if applicable: (Month, Day, Year)		For Official Use Only

I Committee Information

NAME OF COMMITTEE

SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS OF COMMITTEE (NO. AND STREET) — I.D. NUMBER

5266 HOLLISTER AVE. #102 — 742537

CITY — STATE — ZIP CODE — AREA CODE/DAYTIME PHONE

SANTA BARBARA, CA 93111 (805) 964-6467

NAME OF TREASURER

GARY PIGGINS

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

1021 DE LA VINA STREET

CITY — STATE — ZIP CODE — AREA CODE/DAYTIME PHONE

SANTA BARBARA CA 93101 (805) 568-1960

(Check Boxes) See definitions and important information on reverse.

Is this a sponsored committee? ..... ☐ Yes ☒ No

Is this a broad based political committee? ..... ☐ Yes ☒ No

II Primarily Formed Committee (See definition on reverse.) List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF CANDIDATE(S) OR OFFICEHOLDER(S)	OFFICE SOUGHT OR HELD	CHECK ONE: SUPPORT	CHECK ONE: OPPOSE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF TREASURER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF RESPONSIBLE OFFICER OF SPONSOR, IF REQUIRED)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE THE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

3 2 9 3 1

Recipient Committee Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/94 through 12/31/94

Page 2 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

I.D. NUMBER
742537

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B* (TOTAL PREVIOUS PERIOD (SEE NOTE BELOW))	Column C (TOTAL TO DATE (ADD COLUMNS A + B))
1. Monetary Contributions	Schedule A, Line 3	$ 37.50	$ 2,394.00	$ 2,431.50
2. Loans Received	Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 37.50	$ 2,394.00	$ 2,431.50
4. Non-monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	$ 37.50	$ 2,394.00	$ 2,431.50
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	$ 37.50	$ 2,394.00	$ 2,431.50

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	$ 3,459.31	$ 3,926.15	$ 7,385.46
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	$ 3,459.31	$ 3,926.15	$ 7,385.46
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	$ 3,459.31	$ 3,926.15	$ 7,385.46

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	$ 4,310.67
14. Cash Receipts	Column A, Line 3 above	37.50
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	3,459.31
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	$ 888.86

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED — Schedule B, Part I, Column (b) — $ -0-

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	$ -0-
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	$ -0-

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Non-Controlled Committees Primarily Formed to Support or Oppose Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	$	
22. Expenditures Made	$	

SCHEDULE A

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
From 7/1/94
through 12/31/94

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

I.D. NUMBER
742537

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, THE TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUBTOTAL $			

Monetary Contributions Summary

1. Amount received this period — contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period — contributions of less than $100. (Do not itemize.) ..... $ 37.50
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 37.50

Schedule E
Payments and Contributions (Other Than Loans) Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 7/1/94 through 12/31/94

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE: SANTA BARBARA COUNTY REPUBLICAN CENTAL COMMITTEE

I.D. NUMBER: 742537

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" – MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" – INDEPENDENT EXPENDITURES
- "L" – LITERATURE
- "B" – BROADCAST ADVERTISING
- "N" – NEWSPAPER AND PERIODICAL ADVERTISING
- "O" – OUTSIDE ADVERTISING
- "S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" – FUNDRAISING EVENTS
- "G" – GENERAL OPERATIONS AND OVERHEAD
- "T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT (IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.)	AMOUNT PAID
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE FEDERAL ACCOUNT 5266 HOLLISTER AVENUE SANTA BARBARA, CA 93111		ADMINISTRATIVE EXPENSES ALLOCATED	631.92
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE - FEDERAL ACCOUNT 5266 HOLLISTER AVENUE SANTA BARBARA, CA 93111		ADMINISTRATIVE EXPENSES ALLOCATED	678.55
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE - FEDERAL FUND 5266 HOLLISTER AVENUE SANTA BARBARA, CA 93111		ADMINISTRATIVE EXPENSES ALLOCATED	1,097.11

Important: Contributions and expenditures made out of campaign funds to or on behalf of officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page.

SUBTOTAL $ 2,407.58

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 3,446.71
2. Payments made this period of under $100. (Do not itemize.) ..... $ 12.60
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) ..... $ -0-
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... $ -0-
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) ..... TOTAL $ 3,459.31

Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE E (cont.)

Statement covers period
from 7/1/94
through 12/31/94

Page 5 of 5

NAME OF COMMITTEE
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

I.D. NUMBER
742537

CODES FOR CLASSIFYING EXPENDITURES

"C" – MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
"I" – INDEPENDENT EXPENDITURES
"L" – LITERATURE
"B" – BROADCAST ADVERTISING
"N" – NEWSPAPER AND PERIODICAL ADVERTISING
"O" – OUTSIDE ADVERTISING
"S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" – FUNDRAISING EVENTS
"G" – GENERAL OPERATIONS AND OVERHEAD
"T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE - FEDERAL ACCOUNT 5266 HOLLISTER AVENUE SANTA BARBARA, CA 93111		ADMINISTRATIVE EXPENSES ALLOCATED	649.17
SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE - FEDERAL ACCOUNT 5266 HOLLISTER AVENUE SANTA BARBARA, CA 93111		ADMINISTRATIVE EXPENSES ALLOCATED	389.96

SUBTOTAL $1,039.13

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

FOR LINE 16

NAME OF COMMITTEE: SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT: NON FEDERAL ACCOUNT

DATE OF RECEIPT: 12/30/94

$ 649.17

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	649.17		
ii) Direct Fundraising (List Events-Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT: NON FEDERAL ACCOUNT

DATE OF RECEIPT: 12/30/94

$ 389.96

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	389.96		
ii) Direct Fundraising (List Events-Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	1,039.13			1,039.13
TOTAL THIS PERIOD	1,039.13			1,039.13

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

SANTA BARBARA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
HOLLISTER PROFESSIONAL 1111 CHAPALA ST SANTA BARBARA, CA 93101	Rent	12/1/94	423.00	122.67	300.33
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 10,252.75 ☐ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
ALL-U-STORE P. O. Box 6255 SANTA BARBARA, CA93160	Storage	12/1/94	60.00	17.40	42.60
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 10,322.75 ☐ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
GTE CALIFORNIA PAYMENT PROCESSING INGLEWOOD, CA 90313	Telephone	12/1/94	47.69	13.83	33.86
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 10,370.44 ☐ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
COASTAL COPY 350 S. KELLOGG ST. GOLETA, CA 93117	Copier repair	12/1/94	18.56	5.39	13.17
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 10,389.00 ☐ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			549.25	159.29	389.96
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a I and non-Fed. share to 21 a II)			549.25	159.29	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					389.96

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6-8-95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] 6-13-95

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)