



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Democratic Headquarters of the Desert**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="9059.93"/>	<input type="text" value="9059.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9059.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3431.00"/>	<input type="text" value="3431.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12490.93"/>	<input type="text" value="12490.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4196.23"/>	<input type="text" value="4196.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8294.70"/>	<input type="text" value="8294.70"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Democratic Headquarters of the Desert**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1305.00	1305.00
(ii) Unitemized .....	2018.00	2018.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3323.00	3323.00
(b) Political Party Committees .....	108.00	108.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3431.00	3431.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	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).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3431.00	3431.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3431.00	3431.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4196.23	4196.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4196.23	4196.23
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4196.23	4196.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4196.23	4196.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3431.00	3431.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3431.00	3431.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4196.23	4196.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4196.23	4196.23

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)  
**A. Bob Edgerly**

Mailing Address 1110 Via Verde

City	State	Zip Code
Cathedral City	CA	92234

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

Name of Employer	Occupation
n/a	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11AI.C4615095**

Amount of Each Receipt this Period  

125.00
--------

 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Bob Edgerly**

Mailing Address 1110 Via Verde

City	State	Zip Code
Cathedral City	CA	92234

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

Name of Employer	Occupation
n/a	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11AI.C4628349**

Amount of Each Receipt this Period  

125.00
--------

 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Bob Edgerly**

Mailing Address 1110 Via Verde

City	State	Zip Code
Cathedral City	CA	92234

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

Name of Employer	Occupation
n/a	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11AI.C4629497**

Amount of Each Receipt this Period  

125.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Democratic Headquarters of the Desert**

**A. Geoff Kors**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 N. Vine Ave.  
 City State Zip Code  
 Palm Springs CA 92262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11AI.C4615087**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Geoff Kors**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 N. Vine Ave.  
 City State Zip Code  
 Palm Springs CA 92262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11AI.C4628336**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Geoff Kors**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 N. Vine Ave.  
 City State Zip Code  
 Palm Springs CA 92262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11AI.C4629489**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Democratic Headquarters of the Desert**

**A. Kathleen O'Regan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 61379 Topaz Drive  
City La Quinta State CA Zip Code 92253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11AI.C4615078**  
Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Kathleen O'Regan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 61379 Topaz Drive  
City La Quinta State CA Zip Code 92253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11AI.C4628307**  
Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Kathleen O'Regan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 61379 Topaz Drive  
City La Quinta State CA Zip Code 92253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11AI.C4629477**  
Amount of Each Receipt this Period 110.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Democratic Headquarters of the Desert**

**A. Robert Westwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Chandra Lane

City Rancho Mirage	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11AI.C4615081**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Robert Westwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Chandra Lane

City Rancho Mirage	State CA	Zip Code 92270
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FEC ID number of contributing federal political committee. **C**

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11AI.C4628312**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Robert Westwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Chandra Lane

City Rancho Mirage	State CA	Zip Code 92270
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FEC ID number of contributing federal political committee. **C**

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11AI.C4629481**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	1305.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Democratic Headquarters of the Desert**

**A. RCDCC - Fed**

Full Name (Last, First, Middle Initial)  
Mailing Address 11333 Lakeport Drive

City Riverside	State CA	Zip Code 92505
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FEC ID number of contributing federal political committee. **C** C00396994

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
108.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2016

**Transaction ID : SA11B.C4628700**

Amount of Each Receipt this Period  
54.00

Memo Item

**B. RCDCC - Fed**

Full Name (Last, First, Middle Initial)  
Mailing Address 11333 Lakeport Drive

City Riverside	State CA	Zip Code 92505
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FEC ID number of contributing federal political committee. **C** C00396994

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
108.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2016

**Transaction ID : SA11B.C4630184**

Amount of Each Receipt this Period  
54.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.00
<b>TOTAL</b> This Period (last page this line number only).....▶	108.00

**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)  
**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)

**A. Time Warner Cable**

Mailing Address PO Box 60074

City State Zip Code  
City of Industry CA 91716

Purpose of Disbursement  
Cable bill

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1622185**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS**

Mailing Address PO Box 3429

City State Zip Code  
Thousand Oaks CA 91359

Purpose of Disbursement  
cc monthly processing charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1628075**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ICS**

Mailing Address PO Box 3429

City State Zip Code  
Thousand Oaks CA 91359

Purpose of Disbursement  
cc daily processing charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1628073**

Amount of Each Disbursement this Period

Memo Item

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

**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)  
**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)

**A. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc daily processing charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1628071**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc daily processing charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1628069**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc monthly processing charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1628067**

Amount of Each Disbursement this Period

Memo Item

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

**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

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

NAME OF COMMITTEE (In Full)

**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)

**A. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc processing fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2016

**Transaction ID : SB21B.E1630085**

Amount of Each Disbursement this Period

0.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc processing charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

**Transaction ID : SB21B.E1630083**

Amount of Each Disbursement this Period

3.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc daily processing charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

**Transaction ID : SB21B.E1626841**

Amount of Each Disbursement this Period

0.49

Memo Item

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

4.54

**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)  
**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)

**A. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc daily processing charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1626838**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc monthly processing charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1622545**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement  
cc processing charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1630081**

Amount of Each Disbursement this Period

Memo Item

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

**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)

**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)

**A. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement cc monthly processing charge

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SB21B.E1626836**

Amount of Each Disbursement this Period

14.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS**

Mailing Address PO Box 3429

City Thousand Oaks State CA Zip Code 91359

Purpose of Disbursement cc monthly processing charge

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB21B.E1626834**

Amount of Each Disbursement this Period

170.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. Canyon Plaza South**

Mailing Address c/o Spinello Ppty. Mgmt., Inc.  
PO Box 1419

City Cathedral City State CA Zip Code 92235

Purpose of Disbursement Rent for January

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2016

**Transaction ID : SB21B.E1622193**

Amount of Each Disbursement this Period

1161.57

Memo Item

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

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

1346.54

**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)

**Democratic Headquarters of the Desert**

Full Name (Last, First, Middle Initial)

**A. Canyon Plaza South**

Mailing Address c/o Spinello Ppty. Mgmt., Inc.  
PO Box 1419

City Cathedral City State CA Zip Code 92235

Purpose of Disbursement  
Rent - February

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1626583**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Canyon Plaza South**

Mailing Address c/o Spinello Ppty. Mgmt., Inc.  
PO Box 1419

City Cathedral City State CA Zip Code 92235

Purpose of Disbursement  
Rent Adjustment Jan & Feb 2016

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1626764**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Canyon Plaza South**

Mailing Address c/o Spinello Ppty. Mgmt., Inc.  
PO Box 1419

City Cathedral City State CA Zip Code 92235

Purpose of Disbursement  
Office rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.E1627443**

Amount of Each Disbursement this Period

Memo Item

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

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