

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pacific Palisades Democratic Club Campaign Account

ADDRESS (number and street)

1525 S. Sepulveda Blvd., #101

☒ Check if different than previously reported. (ACC)

Los Angeles

CA

90025

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00404301

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 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Richard Wulliger

Signature of Treasurer

Richard Wulliger

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Palisades Democratic Club Campaign Account

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2013                                                                           |                         | 16616.94                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 18659.92                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 7755.00                 | 18760.57                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 26414.92                | 35377.51                          |
| 7. Total Disbursements (from Line 31) .....                                                                      | 6082.48                 | 14049.62                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 20332.44                | 20332.44                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |



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

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Palisades Democratic Club Campaign Account

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2013

To:

M M / D D / Y Y Y Y  
12 31 2013
**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).....

1805.00

5080.00

(ii) Unitemized .....

5950.00

13647.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7755.00

18727.00

(b) Political Party Committees .....

0.00

0.00

(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) ..... ▶

7755.00

18727.00

## 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

33.57

## 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))..... ▶

7755.00

18760.57

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

7755.00

18760.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 4862.48                       | 12529.62                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 4862.48                       | 12529.62                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 1020.00                       | 1220.00                           |
| 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 .....                                                                  | 200.00                        | 300.00                            |
| 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)) ..      | 6082.48                       | 14049.62                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6082.48                       | 14049.62                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 7755.00                       | 18727.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 7755.00                       | 18727.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 4862.48                       | 12529.62                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 4862.48                       | 12529.62                          |

# **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 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Gary Bettman**

Mailing Address 1690 Palisades Dr

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Miller Group

Occupation

Advertising Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : INCA1357**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Baranov Beucuo**

Mailing Address 16338 Akron St

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : INCA1386**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mitzi Bland**

Mailing Address 800 Brookhaven Rd

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : INCA1312**

Amount of Each Receipt this Period

35.00

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

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

385.00

# **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 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Mitzi Blahd**

Mailing Address 800 Brookhaven Rd

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 07 2013

**Transaction ID : INCA1364**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Alice Celment**

Mailing Address 604 Swathmore Ave

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 16 2013

**Transaction ID : INCA1250**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Janet Davis**

Mailing Address 752 Radcliffe Ave

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 04 2013

**Transaction ID : INCA1350**

Amount of Each Receipt this Period

100.00

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

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

400.00

# **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 8 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Ronald Dean**

Mailing Address 1155 Via de la Paz

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Same Name

Self-Employed Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 03 2013

**Transaction ID : INCA1347**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Pepper Edmiston**

Mailing Address 317 Beirut Ave

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Same Name

Self-Employed Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 13 2013

**Transaction ID : INCA1242**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Pepper Edmiston**

Mailing Address 317 Beirut Ave

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Same Name

Self-Employed Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 06 2013

**Transaction ID : INCA1362**

Amount of Each Receipt this Period

100.00

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

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

250.00

# 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 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Palisades Democratic Club Campaign Account

Full Name (Last, First, Middle Initial)

A. Julie Fasteau

Mailing Address 17171 Palisades Circle

City State Zip Code  
Pacific Palisades CA 90272

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2013

Transaction ID : INCA1232

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Julie Fasteau

Mailing Address 17171 Palisades Circle

City State Zip Code  
Pacific Palisades CA 90272

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 10 / 2013

Transaction ID : INCA1368

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Phyllis Greifinger

Mailing Address 16948 Dulce Ynez Ln

City State Zip Code  
Pacific Palisades CA 90272

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2013

Transaction ID : INCA1360

Amount of Each Receipt this Period

250.00

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

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

385.00

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Susan Haskell**

Mailing Address 2008 Palisades Dr

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2013

**Transaction ID : INCA1381**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Susan Holliday**

Mailing Address 65 Palmera Ave

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2013

**Transaction ID : INCA1322**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gail Wirth**

Mailing Address 160 Charm Acres Pl

City State Zip Code  
 Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Smoyo Resner Productions

Occupation

Actress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 17 2013

**Transaction ID : INCA1259**

Amount of Each Receipt this Period

35.00

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

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

385.00

1805.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 22

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Ralphs**

Mailing Address 15120 W Sunset Blvd

City Pacific Palisades      State CA      Zip Code 90272

Purpose of Disbursement  
Food and drinks

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      24      2013
**Transaction ID : EDTB64EXPB1205**

Amount of Each Disbursement this Period

82.27

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Sushi-Don**

Mailing Address 970 Monument St. Suite 118

City Pacific Palisades      State CA      Zip Code 90272

Purpose of Disbursement  
Sushi

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      24      2013
**Transaction ID : EDTB61EXPB1205**

Amount of Each Disbursement this Period

98.29

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Vons**

Mailing Address 17380 W Sunset Blvd

City Pacific Palisades      State CA      Zip Code 90272

Purpose of Disbursement  
Food and drinks

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      24      2013
**Transaction ID : EDTB63EXPB1205**

Amount of Each Disbursement this Period

4.98

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Onsite Systems**

Mailing Address 5232 Tobias Ave

City Sherman Oaks      State CA      Zip Code 91411

Purpose of Disbursement  
Sound system

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:

☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2013
**Transaction ID : EXPB1206**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Price and Item Media Inc**

Mailing Address 22631 Pacific Coast Hwy #377

City Malibu      State CA      Zip Code 90265

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:

☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2013
**Transaction ID : EXPB1202**

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

**C. Sed Quaere, LP**

Mailing Address 1525 S. Sepulveda Blvd., Ste 101

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:

☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2013
**Transaction ID : EXPB1198**

Amount of Each Disbursement this Period

472.00

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

1082.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Sed Quaere, LP**

Mailing Address 1525 S. Sepulveda Blvd., Ste 101

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      01      2013
**Transaction ID : EXPB1210**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sed Quaere, LP**

Mailing Address 1525 S. Sepulveda Blvd., Ste 101

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      19      2013
**Transaction ID : EXPB1221**

Amount of Each Disbursement this Period

472.00

Full Name (Last, First, Middle Initial)

**C. Sed Quaere, LP**

Mailing Address 1525 S. Sepulveda Blvd., Ste 101

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      19      2013
**Transaction ID : EXPB1220**

Amount of Each Disbursement this Period

200.00

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

772.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Sed Quaere, LP**

Mailing Address 1525 S. Sepulveda Blvd., Ste 101

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      23      2013
**Transaction ID : EXPB1223**

Amount of Each Disbursement this Period

18.63

Full Name (Last, First, Middle Initial)

**B. The Miller Group**

Mailing Address 1516 S Bundy Dr #200

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      12      2013
**Transaction ID : EXPB1201**

Amount of Each Disbursement this Period

196.20

Full Name (Last, First, Middle Initial)

**C. The Miller Group**

Mailing Address 1516 S Bundy Dr #200

City Los Angeles      State CA      Zip Code 90025

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      11      2013
**Transaction ID : EXPB1218**

Amount of Each Disbursement this Period

1350.00

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

1564.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 800 Nicollet Mall

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Minneapolis | MN    | 55402    |

Purpose of Disbursement  
Merchant account fee

001

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:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2013        |

**Transaction ID : EXPB1209**

Amount of Each Disbursement this Period

|       |
|-------|
| 44.51 |
|-------|

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 800 Nicollet Mall

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Minneapolis | MN    | 55402    |

Purpose of Disbursement  
Merchant account fee

001

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:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 31    |   | 2013        |

**Transaction ID : EXPB1217**

Amount of Each Disbursement this Period

|       |
|-------|
| 41.27 |
|-------|

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 800 Nicollet Mall

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Minneapolis | MN    | 55402    |

Purpose of Disbursement  
Merchant account fee

001

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:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 30    |   | 2013        |

**Transaction ID : EXPB1224**

Amount of Each Disbursement this Period

|       |
|-------|
| 67.99 |
|-------|

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

153.77

4514.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 22

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Cory Booker for Senate**

Mailing Address PO Box 32237

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Jacksonville | FL    | 32237    |

Purpose of Disbursement  
Contribution

Candidate Name

**Cory Booker**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 19    | / | 2013        |

**Transaction ID : EXPB1219**

Amount of Each Disbursement this Period

|        |
|--------|
| 200.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. Richard Wulliger**

Mailing Address 15927 Asilomar Blvd

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2013        |

**Transaction ID : EDTB57**

Amount of Each Disbursement this Period

|        |
|--------|
| 220.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. Richard Wulliger**

Mailing Address 15927 Asilomar Blvd

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2013        |

**Transaction ID : EDTB58**

Amount of Each Disbursement this Period

|        |
|--------|
| 400.00 |
|--------|

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

|        |
|--------|
| 820.00 |
|--------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Richard Wulliger**

Mailing Address 15927 Asilomar Blvd

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

**Julia Brownley**

|                |                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State: CA      | District: 26                                                                                                       |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2013        |

**Transaction ID : EDTB59**

Amount of Each Disbursement this Period

|        |
|--------|
| 200.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

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

Purpose of Disbursement

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

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

Purpose of Disbursement

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

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|  |
|--|

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

|        |
|--------|
| 200.00 |
|--------|

|         |
|---------|
| 1020.00 |
|---------|

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. Pacific Palisades Post**

Mailing Address 839 Via De La Paz

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Advertising

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 17    |   | 2013      |

**Transaction ID : EDTB53**

Amount of Each Disbursement this Period

|        |
|--------|
| 186.00 |
|--------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Pacific Palisades Post**

Mailing Address 839 Via De La Paz

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Advertising

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 09    |   | 2013      |

**Transaction ID : EDTB55**

Amount of Each Disbursement this Period

|        |
|--------|
| 380.19 |
|--------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Terry McAuliffe for Governor**

Mailing Address PO Box 13881

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Arlington | VA    | 22219    |

Purpose of Disbursement  
Contribution

Candidate Name

**Terry McAuliffe**

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2013      |

**Transaction ID : EXPB1222**

Amount of Each Disbursement this Period

|        |
|--------|
| 200.00 |
|--------|

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

|        |
|--------|
| 200.00 |
|--------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 15209 W. Sunset Blvd.

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Postage

Candidate Name

001

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:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 17    |   | 2013        |

**Transaction ID : EDTB54**

Amount of Each Disbursement this Period

|      |
|------|
| 2.92 |
|------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 15209 W. Sunset Blvd.

|                   |       |          |
|-------------------|-------|----------|
| City              | State | Zip Code |
| Pacific Palisades | CA    | 90272    |

Purpose of Disbursement  
Postage

Candidate Name

001

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:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 09    |   | 2013        |

**Transaction ID : EDTB56**

Amount of Each Disbursement this Period

|        |
|--------|
| 170.80 |
|--------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

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

Purpose of Disbursement

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:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|      |
|------|
| 0.00 |
|------|

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

|      |
|------|
| 0.00 |
|------|

|        |
|--------|
| 200.00 |
|--------|

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Pacific Palisades Democratic Club Campaign Account

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sed Quaere, LP

Nature of Debt (Purpose):  
Accounting services

Mailing Address 1525 S. Sepulveda Blvd., Ste 101

City State

Zip Code

Los Angeles

CA

90025

Outstanding Balance Beginning This Period

472.00

Transaction ID : PAYD1186

Amount Incurred This Period

0.00

Payment This Period

472.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL 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) ►