

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

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="2015"/>	<input type="text" value="36663.38"/>	<input type="text" value="36663.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="48264.23"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6267.00"/>	<input type="text" value="52409.00"/>
(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="54531.23"/>	<input type="text" value="89072.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6093.72"/>	<input type="text" value="40634.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48437.51"/>	<input type="text" value="48437.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 WOMEN OF SANTA BARBARA COUNTY

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).....	2452.00	29242.00
(ii) Unitemized	3815.00	22877.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	6267.00	52119.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	290.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6267.00	52409.00
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))..... ▶	6267.00	52409.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6267.00	52409.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	6093.72	34584.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6093.72	34584.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5400.00
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	650.00
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)) ..	6093.72	40634.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6093.72	40634.87

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)	6267.00	52409.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6267.00	52409.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	6093.72	34584.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	6093.72	34584.87

**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 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Els Andersen

Mailing Address 1330 Rialto Lane

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **387.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : **SA11AI.6036**

Amount of Each Receipt this Period
237.00

Full Name (Last, First, Middle Initial)
B. Els Andersen

Mailing Address 1330 Rialto Lane

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **397.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : **SA11AI.6041**

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Els Andersen

Mailing Address 1330 Rialto Lane

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **472.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : **SA11AI.6138**

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **322.00**

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 7 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Marty Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 Calle Andalucia
 City Santa Barbara State CA Zip Code 93109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SB City College Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6047
 Amount of Each Receipt this Period
 10.00

B. Marty Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 Calle Andalucia
 City Santa Barbara State CA Zip Code 93109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SB City College Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11AI.6086
 Amount of Each Receipt this Period
 60.00

C. ESTHER BORAH
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3825
 City SANTA BARBARA State CA Zip Code 93130
 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 ▼ 570.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6048
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 29
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. ESTHER BORAH

Mailing Address PO BOX 3825

City State Zip Code
 SANTA BARBARA CA 93130

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 ▼
 605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.6143

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Jayne Brechwald

Mailing Address 1609 La Vista del Ocean

City State Zip Code
 Santa Barbara CA 93109

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

Name of Employer Occupation
 Santa Barbara City College Community Liason

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period
 70.00

Full Name (Last, First, Middle Initial)
C. Laura Burton Capps

Mailing Address 729 Mission Canyon Rd.

City State Zip Code
 Santa Barbara CA 93105

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

Name of Employer Occupation
 Mission Partners Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Laura Burton Capps

Mailing Address 729 Mission Canyon Rd.

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Mission Partners Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11AI.6098

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Laura Burton Capps

Mailing Address 729 Mission Canyon Rd.

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Mission Partners Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6134

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Dianne Channing

Mailing Address 1502 Franceschi Rd

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6125

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

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FOR LINE NUMBER: PAGE 10 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. clare chytilo
 Full Name (Last, First, Middle Initial)
 Mailing Address 3775 Modoc Rd 283
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6133
 Amount of Each Receipt this Period
 35.00

B. Charity Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 958 Saint Mary's Lane
 City Santa Barbara State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Santa Barbara County Physician Health Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6129
 Amount of Each Receipt this Period
 75.00

C. JILL DEXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 VIA ROSITA
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6025
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
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 11 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. JILL DEXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 VIA ROSITA
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6052
 Amount of Each Receipt this Period
 30.00

B. JILL DEXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 VIA ROSITA
 City SANTA BARBARA State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6126
 Amount of Each Receipt this Period
 35.00

C. DOREEN FARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 975 FREDENSBORG CANYON ROAD
 City SOLVANG State CA Zip Code 93463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation COUNTY OF SANTA BARBARA COUNTY SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6124
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 12 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Tish Gainey

Mailing Address 2222 Sycamore Canyon Rd

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6031

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)
B. Donna Handy

Mailing Address 46 Nicholas Lane

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6152

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Lauren Hanson

Mailing Address 288 Sherwood Dr

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
Self Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6120

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

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FOR LINE NUMBER: PAGE 13 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Gregg Hart

Mailing Address 504 Consuelo Dr

City Santa Barbara State CA Zip Code 93110

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

Name of Employer City of Santa Barbara Occupation Councilmember

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.6056

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Gregg Hart

Mailing Address 504 Consuelo Dr

City Santa Barbara State CA Zip Code 93110

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

Name of Employer City of Santa Barbara Occupation Councilmember

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Joan Hartmann

Mailing Address 1220 Poppy Valley Road

City Buellton State CA Zip Code 93427

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

Name of Employer Santa Barbara County Occupation Planning Commissioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.6160

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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 14 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Lee Heller

Mailing Address PO Box 1592

City State Zip Code
Summerland CA 93067

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1095.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : SA11AI.6185

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Cecily Hintzen

Mailing Address 742 Calle De Los Amigo

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Compassion and Choices Field Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015
Transaction ID : SA11AI.6110

Amount of Each Receipt this Period
140.00

Full Name (Last, First, Middle Initial)
C. Cecily Hintzen

Mailing Address 742 Calle De Los Amigo

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Compassion and Choices Field Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : SA11AI.6161

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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 15 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. SHERRY HOLLAND

Mailing Address 221 SELROSE LN

City State Zip Code
SANTA BARBARA CA 93109

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6191

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. BETH KATZ

Mailing Address 656 WILLOW GLEN RD

City State Zip Code
SANTA BARBARA CA 93105

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

Name of Employer Occupation
SELF BUSINESS OWNER - SPICE LADY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11AI.6088

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)
c. Martha Levy

Mailing Address 445 Los Verdes Dr

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
UC Santa Barbara Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6139

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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 16 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Monique Limon

Mailing Address 239 Santa Ynez Ct

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Santa Barbara School Board Boardmember

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6123

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Carole Marks

Mailing Address 305 Vista de la Cumbre

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6149

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Joanne Meade Young

Mailing Address 1518 Las Positas Rd.

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6081

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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: (check only one)	PAGE 17 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Joanne Meade Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 1518 Las Positas Rd.
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6174
 Amount of Each Receipt this Period
 95.00

B. NANCY MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 W. ORTEGA #9
 City SANTA BARBARA State CA Zip Code 93101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6176
 Amount of Each Receipt this Period
 35.00

C. KATHLEEN MODUGNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 MESA SCHOOL LANE
 City SANTA BARBARA State CA Zip Code 93109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KATHLEEN MODUGNO Occupation CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6141
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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: (check only one)	PAGE 18 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. Nancy Murdock
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 W Los Olivos St #A
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sansum Clinic Occupation Marriage Family Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6070
 Amount of Each Receipt this Period
 10.00

B. Susan Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Las Palmas
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6171
 Amount of Each Receipt this Period
 95.00

C. Karen Schloss Heimberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 San Ysidro Ln
 City Santa Barbara State CA Zip Code 93108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heimberg Construction Occupation General Contractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6169
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 19 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. Sharon Siegel

Mailing Address 222 Meigs Road

City Santa Barbara State CA Zip Code 93109

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6146

Amount of Each Receipt this Period
135.00

Full Name (Last, First, Middle Initial)
B. Carol Spungen

Mailing Address 860 Summit Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Occupation
Spungen Family Foundation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.6108

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. GAIL TETON-LANDIS

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA State CA Zip Code 93110

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 ▼
1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.6074

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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 20 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)
A. GAIL TETON-LANDIS

Mailing Address 4450 VIA ALEGRE

City State Zip Code
SANTA BARBARA CA 93110

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 ▼
1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6195

Amount of Each Receipt this Period
145.00

Full Name (Last, First, Middle Initial)
B. Jean Weidemann

Mailing Address 740 Westwood Drive

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
Weidemann Foundation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6154

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Jean Weidemann

Mailing Address 740 Westwood Drive

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
Weidemann Foundation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6168

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	2452.00

**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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Contribution processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.6199

Amount of Each Disbursement this Period

29.10

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.6222

Amount of Each Disbursement this Period

21.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.6233

Amount of Each Disbursement this Period

20.00

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

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

70.10

**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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. BILL'S COPY SHOP

Mailing Address 1536 STATE STREET

City State Zip Code
SANTA BARBARA CA 93101

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6198

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BILL'S COPY SHOP

Mailing Address 1536 STATE STREET

City State Zip Code
SANTA BARBARA CA 93101

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6231

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City State Zip Code
Santa Barbara CA 93101

Purpose of Disbursement
Bookkeeping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6221

Amount of Each Disbursement this Period

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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Bookkeeping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.6229

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Bookkeeping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SB21B.6238

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Casa Blanca

Mailing Address 330 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Event venue

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SB21B.6203

Amount of Each Disbursement this Period

1418.96

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

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

2418.96

**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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. ECHO COMMUNICATIONS

Mailing Address 924 CHAPALA ST., #D

City State Zip Code
SANTA BARBARA CA 93101

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6226

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement
Contribution processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6200

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6201

Amount of Each Disbursement this Period

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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.6202

Amount of Each Disbursement this Period

213.05

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.6223

Amount of Each Disbursement this Period

29.95

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.6224

Amount of Each Disbursement this Period

50.25

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

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

293.25

**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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.6225

Amount of Each Disbursement this Period

157.79

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.6236

Amount of Each Disbursement this Period

26.95

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Contribution processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.6237

Amount of Each Disbursement this Period

53.85

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

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

238.59

**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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. SERVICE CENTER PRINTING

Mailing Address 810 GUTIERREZ ST

City SANTA BARBARA State CA Zip Code 93103

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB21B.6218

Amount of Each Disbursement this Period

101.00

Full Name (Last, First, Middle Initial)

B. GAIL TETON-LANDIS

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.6208

Amount of Each Disbursement this Period

208.64

Full Name (Last, First, Middle Initial)

C. GAIL TETON-LANDIS

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA State CA Zip Code 93110

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.6227

Amount of Each Disbursement this Period

22.07

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

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

331.71

**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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. FedEx Office

Mailing Address 1030 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2015

Transaction ID : **SB21B.6227.0**

Amount of Each Disbursement this Period: 22.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.6197**

Amount of Each Disbursement this Period: 245.00

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2015

Transaction ID : **SB21B.6217**

Amount of Each Disbursement this Period: 196.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 441.00

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 WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Wilson Printing

Mailing Address 5777 Hollister

City Goleta State CA Zip Code 93117

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SB21B.6196

Amount of Each Disbursement this Period

754.64

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	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)..... ▶

754.64

5723.22
