

**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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

ADDRESS (number and street) ▼

901 VIA ROSITA

☐ Check if different than previously reported. (ACC)

SANTA BARBARA

CA

93110

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00399444

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 JILL DEXTER

Signature of Treasurer

JILL DEXTER

[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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		48437.51
(b) Cash on Hand at Beginning of Reporting Period.....	48437.51	
(c) Total Receipts (from Line 19)	775.00	775.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	49212.51	49212.51
7. Total Disbursements (from Line 31)	10266.20	10266.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38946.31	38946.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	6		

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).....	0.00	0.00
(ii) Unitemized	775.00	775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	775.00	775.00
(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)	775.00	775.00
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)).....▶	775.00	775.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	775.00	775.00

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	7773.20	7773.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7773.20	7773.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1943.00	1943.00
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	550.00	550.00
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)) ..	10266.20	10266.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10266.20	10266.20

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)	775.00	775.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	775.00	775.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7773.20	7773.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	7773.20	7773.20

**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 6 OF 11

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 01 2016
Transaction ID : SB21B.6256

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 29 2016
Transaction ID : SB21B.6264

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2016
Transaction ID : SB21B.6271

Amount of Each Disbursement this Period

500.00

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

1500.00

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

PAGE 7 OF 11

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. Gaby Mandelik

Mailing Address 849 Ashley Road

City Santa Barbara State CA Zip Code 93108

Purpose of Disbursement
Event expense

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
02 29 2016
Transaction ID : SB21B.6262

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SANTA BARBARA INDEPENDENT

Mailing Address 122 W FIGUEROA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
Advertisement

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
01 26 2016
Transaction ID : SB21B.6255

Amount of Each Disbursement this Period

1617.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 05 2016
Transaction ID : SB21B.6260

Amount of Each Disbursement this Period

332.71

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

2200.61

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

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

A. UNIVERSITY CLUB OF SANTA BARBARA

Mailing Address 1332 SANTA BARBARA ST

City	State	Zip Code
SANTA BARBARA	CA	93101

Purpose of Disbursement	Event venue

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

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

Date of Disbursement

Transaction ID : SB21B.6244

Amount of Each Disbursement this Period

3632.62

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

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

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with one protrusion being larger than the others.

 Memo Item

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

3632.62

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

7333.23

**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 9 OF 11

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. PLANNED PARENTHOOD ACTION FUND OF SANT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Mailing Address 518 GARDEN STREET

Transaction ID : SB23.6248

City	State	Zip Code
SANTA BARBARA	CA	93101

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

143.00

☐ Memo Item

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SALUD CARBAJAL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2016

Mailing Address PO BOX 1290

Transaction ID : SB23.6294

City	State	Zip Code
SANTA BARBARA	CA	93102

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

1500.00

☐ Memo Item

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 24

Full Name (Last, First, Middle Initial)

C. SANTA BARBARA COUNTY DEMOCRATIC CENTRAL COMMITTEE FEDERAL PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Mailing Address 1787 TRIBUTE ROAD, SUITE K

Transaction ID : SB23.6245

City	State	Zip Code
SACRAMENTO	CA	95815

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

50.00

☐ Memo Item

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

1693.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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PAGE 10 OF 11

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. SANTA BARBARA COUNTY DEMOCRATIC CENTRAL COMMITTEE FEDERAL PAC

Date of Disbursement

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

Mailing Address 1787 TRIBUTE ROAD, SUITE K

City	State	Zip Code
SACRAMENTO	CA	95815

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB23.6269

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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

250.00

1943.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name (Last, First, Middle Initial)

A. CALIFORNIA DEMOCRATIC PARTY

Mailing Address 1401 21st STREET STE 200

City	State	Zip Code
SACRAMENTO	CA	95811

Purpose of Disbursement
Contribution

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
03		02		2016

Transaction ID : SB29.6265

Amount of Each Disbursement this Period

550.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

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
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

550.00

550.00
