

**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  
REPORTNEW  
(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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y 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 Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y 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.

DEXTER, JILL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DEXTER, JILL, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y 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 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

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  
07 01 2017

To:

M M / D D / Y Y Y Y Y  
12 31 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		52483.40
(b) Cash on Hand at Beginning of Reporting Period.....	37302.89	
(c) Total Receipts (from Line 19) .....	46986.34	51760.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	84289.23	104244.05
7. Total Disbursements (from Line 31).....	22226.42	42181.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62062.81	62062.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 05/2016)

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	7		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	7		

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).....	29585.00	30335.00
(ii) Unitemized .....	17151.34	21166.34
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	46736.34	51501.34
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46986.34	51751.34
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	9.31
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)) .....	46986.34	51760.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46986.34	51760.65

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	21226.42	38079.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21226.42	38079.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1000.00	4102.24
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	22226.42	42181.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22226.42	42181.24

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	46986.34	51751.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46986.34	51751.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	21226.42	38079.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	9.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	21226.42	38069.69

# **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 53

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allen, Vicki, , ,

Mailing Address 701 E Victoria St

City

Santa Barbara

State

CA

Zip Code

93103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11Al.7546

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arntz, Deirdre, , ,

Mailing Address 1482 E. Valley Road

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11Al.7410

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Arntz, Deirdre, , ,

Mailing Address 1482 E. Valley Road

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11Al.7491

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1860.00

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 53  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Arntz, Deirdre, , ,**

Mailing Address 1482 E. Valley Road

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Author

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BAYLY, KIKKA, , ,**

Mailing Address 1746 OLIVE ST

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KIKKA BAYLY

Occupation (for Individual)

EDUCATION MANAGEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7627

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BAYLY, KIKKA, , ,**

Mailing Address 1746 OLIVE ST

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KIKKA BAYLY

Occupation (for Individual)

EDUCATION MANAGEMENT

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.7721

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

290.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 53

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Becker, Mary, , ,**

Mailing Address 1354 Plaza Pacifica

City  
Santa Barbara

State  
CA

Zip Code  
93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11AI.7497

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bennett, Judith, , ,**

Mailing Address 530 Plaza Rubio

City  
Santa Barbara

State  
CA

Zip Code  
93103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2017

Transaction ID : SA11AI.7445

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bennett, Judith, , ,**

Mailing Address 530 Plaza Rubio

City  
Santa Barbara

State  
CA

Zip Code  
93103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7524

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

625.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 53

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blum, Marty, , ,

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 (for Individual)

SB City College

Occupation (for Individual)

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11AI.7405

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blum, Marty, , ,

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 (for Individual)

SB City College

Occupation (for Individual)

Trustee

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 / 29 / 2017

Transaction ID : SA11AI.7714

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BORAH, ESTHER, , ,

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : SA11AI.7389

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1235.00

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 10 OF 53

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BORAH, ESTHER, , ,

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11AI.7685

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Capps, Laura, , ,

Mailing Address 1724 Santa Barbara Street

City

Santa Barbara

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mission Partners

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11AI.7401

Amount of Each Receipt this Period

325.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clouse, Charlie, , ,

Mailing Address 1722 Prospect

City

Santa Barbara

State

CA

Zip Code

93103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

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 Y  
09 / 06 / 2017

Transaction ID : SA11AI.7411

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

900.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 53

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Allen, , ,**

Mailing Address 2051 Cliff Dr 14

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7605

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Connell, Margaret, , ,**

Mailing Address 7114 Del Norte Dr

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

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 Y  
09 / 12 / 2017

Transaction ID : SA11AI.7455

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Connell, Margaret, , ,**

Mailing Address 7114 Del Norte Dr

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7595

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

160.00

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Connell, Margaret, , ,**

Mailing Address 7114 Del Norte Dr

City  
Goleta

State  
CA

Zip Code  
93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

Transaction ID : SA11AI.8100

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooney, Marni, , ,**

Mailing Address 1030 Ladera Ln

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7596

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Jean, , ,**

Mailing Address 1226 W. Valerio Street

City

Santa Barbara

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7624

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

325.00

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

Use separate schedule(s)  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2017

Transaction ID : SA11AI.7383

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : SA11AI.7392

Amount of Each Receipt this Period

140.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11AI.7418

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

2220.00

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

Use separate schedule(s)  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7586

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4090.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

Transaction ID : SA11AI.7663

Amount of Each Receipt this Period

1800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1920.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DEXTER, JILL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11AI.7678

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Engberg, Karen, , ,**

Mailing Address 1347 Santa Teresita Dr

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7579

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Engberg, Karen, , ,**

Mailing Address 1347 Santa Teresita Dr

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7591

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

125.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fairbanks, Renee, , ,**

Mailing Address 4662 Malaga Cir

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

**Transaction ID : SA11AI.7398**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fairbanks, Renee, , ,**

Mailing Address 4662 Malaga Cir

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : SA11AI.7597**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garner, Suzan, , ,**

Mailing Address 2640 Tallant Rd

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

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 Y  
10 / 09 / 2017

**Transaction ID : SA11AI.7525**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

730.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garner, Suzan, , ,**

Mailing Address 2640 Tallant Rd

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : SA11AI.7600**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goba, Dana, , ,**

Mailing Address 980 N La Patera Ln

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Coast Medical Assn

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2017

**Transaction ID : SA11AI.7518**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goba, Dana, , ,**

Mailing Address 980 N La Patera Ln

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Coast Medical Assn

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : SA11AI.7612**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

285.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goba, Dana, , ,

Mailing Address 980 N La Patera Ln

City  
GoletaState  
CAZip Code  
93117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Coast Medical AssnOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.7738

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goba, Dana, , ,

Mailing Address 980 N La Patera Ln

City  
GoletaState  
CAZip Code  
93117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Coast Medical AssnOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2017

Transaction ID : SA11AI.8102

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goldsby, Arlyn, , ,

Mailing Address 3523 Padaro Lane

City  
CarpinteriaState  
CAZip Code  
93013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

575.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grotenhuis, Anna, , ,**

Mailing Address 2125 Ten Acre Rd

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : SA11AI.7385

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, Laurie, , ,**

Mailing Address 180 Tiburon Bay Lane

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UCSB

Occupation (for Individual)

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11AI.7679

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hawes, Sue, , ,**

Mailing Address 506 Yankee Farm Rd

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

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 Y  
08 / 15 / 2017

Transaction ID : SA11AI.7388

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

**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  
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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hawes, Sue, , ,**

Mailing Address 506 Yankee Farm Rd

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : SA11AI.7394

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hawes, Sue, , ,**

Mailing Address 506 Yankee Farm Rd

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11AI.7689

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hawes, Sue, , ,**

Mailing Address 506 Yankee Farm Rd

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.7723

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

115.00

**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  
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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HESTER, DIANE, , ,**

Mailing Address 300 HOT SPRINGS RD

City

SANTA BARBARA

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

09 / 06 / 2017

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hone, Jennifer, , ,**

Mailing Address 4592 Camino Del Mirasol

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Endocrinologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 25 / 2017

Transaction ID : SA11AI.7502

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hone, Jennifer, , ,**

Mailing Address 4592 Camino Del Mirasol

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Endocrinologist

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

430.00

Date of Receipt

10 / 09 / 2017

Transaction ID : SA11AI.7585

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

930.00

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hone, Jennifer, , ,**

Mailing Address 4592 Camino Del Mirasol

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Endocrinologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7640

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hopkinson, Judith, , ,**

Mailing Address 401 Chapala Street

City

Santa Barbara

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11AI.7430

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hopkinson, Judith, , ,**

Mailing Address 401 Chapala Street

City

Santa Barbara

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Investor

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7588

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

630.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hunt, Vikki, , ,

Mailing Address 4687 Via Roblada

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Photographer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017

Transaction ID : SA11AI.7564

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hunt, Vikki, , ,

Mailing Address 4687 Via Roblada

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Photographer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017

Transaction ID : SA11AI.7611

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hunt, Vikki, , ,

Mailing Address 4687 Via Roblada

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Photographer

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017

Transaction ID : SA11AI.7684

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1060.00

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

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jahangir, Sholeh, , ,**

Mailing Address 1008 Via Regina

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Businesswoman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2017

Transaction ID : SA11Al.7412

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jahangir, Sholeh, , ,**

Mailing Address 1008 Via Regina

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Businesswoman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2017

Transaction ID : SA11Al.7413

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jahangir, Sholeh, , ,**

Mailing Address 1008 Via Regina

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Businesswoman

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

09 / 06 / 2017

Transaction ID : SA11Al.7417

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

560.00



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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jahangir, Sholeh, , ,**

Mailing Address 1008 Via Regina

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Businesswoman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Paula, , ,**

Mailing Address 3715 Avon Ln

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

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 / 11 / 2017

Transaction ID : SA11AI.7695

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Vicki, , ,**

Mailing Address 1710 Glen Oaks Dr

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Santa Barbara County

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11AI.7500

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

295.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jory, Teri, , ,

Mailing Address 400 Fellowship Road

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Poise Productions

Occupation (for Individual)

Entrepreneur

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11AI.7513

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jory, Teri, , ,

Mailing Address 400 Fellowship Road

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Poise Productions

Occupation (for Individual)

Entrepreneur

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11AI.7672

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEATOR, CAROL, , ,

Mailing Address 1916 GILLESPIE STREET

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11AI.7508

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

1350.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEATOR, CAROL, , ,

Mailing Address 1916 GILLESPIE STREET

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7631

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEATOR, CAROL, , ,

Mailing Address 1916 GILLESPIE STREET

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.7716

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marcoe, Marsha, , ,

Mailing Address 4947 La Gama Way

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Braille Institute

Occupation (for Individual)

Director of Philanthropy

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7617

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

260.00

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

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marsh, Frances, , ,**

Mailing Address 2799 Sycamore Canyon Road

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

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 Y  
10 / 09 / 2017

Transaction ID : SA11AI.7623

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Josie, , ,**

Mailing Address 1501 Sinaloa Drive

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7533

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martin, Josie, , ,**

Mailing Address 1501 Sinaloa Drive

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Author

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 / 09 / 2017

Transaction ID : SA11AI.7543

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

510.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meyer Simon, Diane, , ,**

Mailing Address 1570 East Mountain Drive

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2017

Transaction ID : SA11AI.7382

Amount of Each Receipt this Period

2000.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mitchell, James, , ,**

Mailing Address 32 E. Junipero St

City

Santa Barbara

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cottage Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7618

Amount of Each Receipt this Period

250.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Christina, , ,**

Mailing Address 543 Ronda Drive

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pacific Payroll Partners

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7641

Amount of Each Receipt this Period

250.00



Memo Item

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Osherenko, Gail, , ,**

Mailing Address 835 Via Granada

City

Santa Barbara

State

CA

Zip Code

93103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UCSB

Occupation (for Individual)

Filmmaker

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 / 29 / 2017

**Transaction ID : SA11Al.7715**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reyes-Martin, Luz, , ,**

Mailing Address 5766 Stow Canyon Rd

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Santa Barbara City College

Occupation (for Individual)

Director of Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11Al.7677**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reyes-Martin, Luz, , ,**

Mailing Address 5766 Stow Canyon Rd

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Santa Barbara City College

Occupation (for Individual)

Director of Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : SA11Al.7747**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

230.00

**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  
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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roehrig, Claudette, , ,**

Mailing Address 4280 Marina Dr

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11AI.7510

Amount of Each Receipt this Period

1100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roehrig, Claudette, , ,**

Mailing Address 4280 Marina Dr

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7574

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roehrig, Claudette, , ,**

Mailing Address 4280 Marina Dr

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

2130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7620

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2130.00

**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 32 OF 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roehrig, Claudette, , ,**

Mailing Address 4280 Marina Dr

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : SA11Al.7694

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosen, Adele, , ,**

Mailing Address 227 Contance Lane

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Interior designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : SA11Al.7386

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosen, Sybil, , ,**

Mailing Address 134 Hermosillo Rd

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11Al.7494

Amount of Each Receipt this Period

1150.00

☐ Memo Item

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

1720.00

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



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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHOWE, ANNE, , ,**

Mailing Address 930 MONTE DR.

City

SANTA BARBARA

State

CA

Zip Code

93110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2017

Transaction ID : SA11AI.7384

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schuyler, Jean, , ,**

Mailing Address 3239 Cliff Dr

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.7703

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stahl, Sandy, , ,**

Mailing Address 248 Dawlish Place

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sotheby's

Occupation (for Individual)

Realtor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

Transaction ID : SA11AI.7462

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

2110.00

**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  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swysen, Catherine, , ,**

Mailing Address 203 Vester Sted

City  
Solvang

State  
CA

Zip Code  
93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sanger Swysen & Dunkle

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

**Transaction ID : SA11AI.7409**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swysen, Catherine, , ,**

Mailing Address 203 Vester Sted

City  
Solvang

State  
CA

Zip Code  
93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sanger Swysen & Dunkle

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

**Transaction ID : SA11AI.7521**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swysen, Catherine, , ,**

Mailing Address 203 Vester Sted

City  
Solvang

State  
CA

Zip Code  
93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sanger Swysen & Dunkle

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : SA11AI.7545**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

800.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swysen, Catherine, , ,**

Mailing Address 203 Vester Sted

City  
Solvang

State  
CA

Zip Code  
93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sanger Swysen & Dunkle

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7572

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TETON-LANDIS, GAIL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

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 Y  
09 / 13 / 2017

Transaction ID : SA11AI.7459

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TETON-LANDIS, GAIL, , ,**

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 (for Individual)

Retired

Occupation (for Individual)

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 Y  
12 / 29 / 2017

Transaction ID : SA11AI.7749

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

595.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tosh, Jenna, , ,**

Mailing Address 746 Westmont Rd

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of SBVSLO

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : SA11Al.7584**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Transki, Lamar, , ,**

Mailing Address 2125 Summerland Heights Ln

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

**Transaction ID : SA11Al.7397**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Transki, Lamar, , ,**

Mailing Address 2125 Summerland Heights Ln

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

**Transaction ID : SA11Al.7414**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

320.00

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

Use separate schedule(s)  
for each category of the  
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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Transki, Lamar, , ,**

Mailing Address 2125 Summerland Heights Ln

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

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  
09 / 06 / 2017

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Transki, Lamar, , ,**

Mailing Address 2125 Summerland Heights Ln

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7593

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weidemann, Jean, , ,**

Mailing Address 740 Westwood Drive

City

Santa Barbara

State

CA

Zip Code

93109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Weidemann Foundation

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : SA11AI.7633

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

150.00

**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 38 OF 53  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WYLIE, MARY ELLEN, , ,**

Mailing Address 367 ALEX PL

City  
GOLETA

State  
CA

Zip Code  
93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2017

Transaction ID : SA11AI.7377

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WYLIE, MARY ELLEN, , ,**

Mailing Address 367 ALEX PL

City  
GOLETA

State  
CA

Zip Code  
93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.7709

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

570.00

29585.00

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. SALUD CARBAJAL FOR CONGRESS**

Mailing Address PO BOX 1290

City

SANTA BARBARA

State

CA

Zip Code

93102

FEC ID number of contributing  
federal political committee.

C

C00576041

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : SA11C.7830

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

250.00

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

250.00

**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 40 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ALLEN, EMILY, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2017			

Mailing Address 701 E VICTORIA ST

City  
SANTA BARBARAState  
CAZip Code  
93103Purpose of Disbursement  
Unitemized fundraising event supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.7803**

Amount of Each Disbursement this Period

202.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			05			2017			

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.7756**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2017			

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit card contribution processing fees

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.7762**

Amount of Each Disbursement this Period

30.35

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

262.77

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2017

FEC Identification Number

**C****Transaction ID : SB21B.7778**

Amount of Each Disbursement this Period

31.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit card contribution processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.7792**

Amount of Each Disbursement this Period

31.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2017

FEC Identification Number

**C****Transaction ID : SB21B.7796**

Amount of Each Disbursement this Period

35.60

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

98.50

**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"/> 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 FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2017

FEC Identification Number

**C****Transaction ID : SB21B.7819**

Amount of Each Disbursement this Period

30.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BILL'S COPY SHOP**

Mailing Address 1536 STATE STREET

City  
SANTA BARBARAState  
CAZip Code  
93101Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.7821**

Amount of Each Disbursement this Period

14.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. C&I Consulting**

Mailing Address 226 E. Canon Perdido #D

City  
Santa BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Bookkeeping

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2017

FEC Identification Number

**C****Transaction ID : SB21B.7757**

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).....▶

545.25

**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 43 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Bookkeeping

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.7772**

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 BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Bookkeeping

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.7788**

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 BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Bookkeeping

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.7799**

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 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"/> 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 BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Bookkeeping

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.7822**

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 BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Bookkeeping

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.7823**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Constant Contact**

Mailing Address 1601 Trapelo Road

City  
WalthamState  
MAZip Code  
02451Purpose of Disbursement  
Web expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

FEC Identification Number

**C****Transaction ID : SB21B.7761**

Amount of Each Disbursement this Period

510.00

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

1510.00

**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 45 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DESIGN & LOOK**

Mailing Address PO BOX 14344

City  
SANTA BARBARAState  
CAZip Code  
93107Purpose of Disbursement  
Web expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2017

FEC Identification Number

**C****Transaction ID : SB21B.7771**

Amount of Each Disbursement this Period

89.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEXTER, JILL, , ,**

Mailing Address 901 VIA ROSITA

City  
SANTA BARBARAState  
CAZip Code  
93110Purpose of Disbursement  
Reimbursement --see memo below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2017

FEC Identification Number

**C****Transaction ID : SB21B.7815**

Amount of Each Disbursement this Period

201.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Santa Barbara Museum of Art Store**

Mailing Address 1130 State Street

City  
Santa BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Fundraising event supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2017

FEC Identification Number

**C****Transaction ID : SB21B.7815.**

Amount of Each Disbursement this Period

201.71

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

291.41

**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 46 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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  
SANTA BARBARAState  
CAZip Code  
93101Purpose of Disbursement  
Web expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2017

FEC Identification Number

**C****Transaction ID : SB21B.7760**

Amount of Each Disbursement this Period

97.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ECHO COMMUNICATIONS**

Mailing Address 924 CHAPALA ST., #D

City  
SANTA BARBARAState  
CAZip Code  
93101Purpose of Disbursement  
Web expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.7801**

Amount of Each Disbursement this Period

97.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EventBrite**Mailing Address 155 5th Street  
7th FloorCity  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Credit card contribution processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2017

FEC Identification Number

**C****Transaction ID : SB21B.7790**

Amount of Each Disbursement this Period

343.29

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

537.29

**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 47 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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  
AtlantaState  
GAZip Code  
30342Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.7753**

Amount of Each Disbursement this Period

39.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City  
AtlantaState  
GAZip Code  
30342Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.7759**

Amount of Each Disbursement this Period

41.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City  
AtlantaState  
GAZip Code  
30342Purpose of Disbursement  
Credit card contribution processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2017

FEC Identification Number

**C****Transaction ID : SB21B.7777**

Amount of Each Disbursement this Period

210.17

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

291.15

**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 48 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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  
AtlantaState  
GAZip Code  
30342Purpose of Disbursement  
Credit card contribution processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2017

FEC Identification Number

**C** **Transaction ID : SB21B.7794**

Amount of Each Disbursement this Period

 237.36☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City  
AtlantaState  
GAZip Code  
30342Purpose of Disbursement  
Credit card contribution processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2017

FEC Identification Number

**C** **Transaction ID : SB21B.7797**

Amount of Each Disbursement this Period

 350.33☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City  
AtlantaState  
GAZip Code  
30342Purpose of Disbursement  
Credit card contribution processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2017

FEC Identification Number

**C** **Transaction ID : SB21B.7818**

Amount of Each Disbursement this Period

 202.78☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 790.47



**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 49 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. FOUR SEASONS BILTMORE**

Mailing Address 1260 CHANNEL DR

City  
SANTA BAARBARAState  
CAZip Code  
93108Purpose of Disbursement  
Fundraising event venue

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.7764**

Amount of Each Disbursement this Period

10373.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pizarro, Christina, , ,**

Mailing Address 406 N Ontare Rd

City  
Santa BarbaraState  
CAZip Code  
93105Purpose of Disbursement  
Reimbursement -- see memo below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.7767**

Amount of Each Disbursement this Period

1287.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FedEx Office**

Mailing Address 1030 State Street

City  
Santa BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Printing expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.7767.**

Amount of Each Disbursement this Period

1002.87

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

11661.01

**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 50 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Pizarro, Christina, , ,**

Mailing Address 406 N Ontare Rd

City  
Santa BarbaraState  
CAZip Code  
93105Purpose of Disbursement  
Reimbursements--see memo below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.7824**

Amount of Each Disbursement this Period

534.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FedEx Office**

Mailing Address 1030 State Street

City  
Santa BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.7824.C**

Amount of Each Disbursement this Period

318.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Office Max**

Mailing Address 219 E. Gutierrez

City  
Santa BarbaraState  
CAZip Code  
93101Purpose of Disbursement  
Fundraising event supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.7824.**

Amount of Each Disbursement this Period

216.46

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

534.54

**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"/> 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. SANTA BARBARA INDEPENDENT**

Mailing Address 122 W FIGUEROA ST

City  
SANTA BARBARAState  
CAZip Code  
93101Purpose of Disbursement  
Advertisement

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.7802**

Amount of Each Disbursement this Period

700.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. U.S. POSTAL SERVICE**

Mailing Address 675 E SANTA CLARA ST

City  
VENTURAState  
CAZip Code  
93001Purpose of Disbursement  
Postage

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.7751**

Amount of Each Disbursement this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. U.S. POSTAL SERVICE**

Mailing Address 675 E SANTA CLARA ST

City  
VENTURAState  
CAZip Code  
93001Purpose of Disbursement  
Postage

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		18		2017

FEC Identification Number

**C****Transaction ID : SB21B.7763**

Amount of Each Disbursement this Period

245.00

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

1035.40

**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"/> 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. U.S. POSTAL SERVICE**

Mailing Address 675 E SANTA CLARA ST

City  
VENTURAState  
CAZip Code  
93001Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.7800**

Amount of Each Disbursement this Period

245.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Via Maestra**

Mailing Address 3343 State Street

City  
Santa BarbaraState  
CAZip Code  
93105Purpose of Disbursement  
Fundraising event catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

FEC Identification Number

**C****Transaction ID : SB21B.7786**

Amount of Each Disbursement this Period

1571.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

1816.22

20874.01

**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 53 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)

**A. Newsom for California Governor 2018**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

Mailing Address 1787 Tribute Road Suite K

City  
SacramentoState  
CAZip Code  
95815Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.7785**

Amount of Each Disbursement this Period

1000.00

☐ 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:

FEC Identification Number

C

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

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

1000.00