

# 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.   
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer JILL DEXTER

Signature of Treasurer JILL DEXTER [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="23919.84"/>	<input type="text" value="23919.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19640.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32237.00"/>	<input type="text" value="37552.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51877.90"/>	<input type="text" value="61471.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16147.89"/>	<input type="text" value="25741.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35730.01"/>	<input type="text" value="35730.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19447.00	21142.00
(ii) Unitemized .....	12005.00	15490.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31452.00	36632.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	785.00	920.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32237.00	37552.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32237.00	37552.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32237.00	37552.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14147.89	22741.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14147.89	22741.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16147.89	25741.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16147.89	25741.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32237.00	37552.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32237.00	37552.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	14147.89	22741.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	14147.89	22741.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A. Vicki Allen**  
Full Name (Last, First, Middle Initial)

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 Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.4910**

Amount of Each Receipt this Period  
**180.00**

**B. Terri Arnold**  
Full Name (Last, First, Middle Initial)

Mailing Address 2606 Myrtle Avenue

City San Diego State CA Zip Code 92104

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2014**

**Transaction ID : SA11AI.4964**

Amount of Each Receipt this Period  
**82.00**

**C. Mary Becker**  
Full Name (Last, First, Middle Initial)

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 Retired Occupation Retired

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  
**08 / 05 / 2014**

**Transaction ID : SA11AI.4820**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **762.00**

**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 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Marty Blum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2425 Calle Andalucia  
 City Santa Barbara State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SB City College Occupation Trustee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : SA11AI.4904**  
 Amount of Each Receipt this Period  
 110.00

**B. Marty Blum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2425 Calle Andalucia  
 City Santa Barbara State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SB City College Occupation Trustee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.4965**  
 Amount of Each Receipt this Period  
 115.00

**C. ESTHER BORAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 3825  
 City SANTA BARBARA State CA Zip Code 93130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.4806**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ESTHER BORAH**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3825

City SANTA BARBARA	State CA	Zip Code 93130
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2014  
**Transaction ID : SA11AI.5138**

Amount of Each Receipt this Period  
40.00

**B. ESTHER BORAH**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3825

City SANTA BARBARA	State CA	Zip Code 93130
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014  
**Transaction ID : SA11AI.4940**

Amount of Each Receipt this Period  
25.00

**C. JAN CLOUSE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1722 PROSPECT AVE.

City SANTA BARBARA	State CA	Zip Code 93103
FEC ID number of contributing federal political committee. C		
Name of Employer JAN CLOUSE	Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2014  
**Transaction ID : SA11AI.4807**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JAN CLOUSE**

Mailing Address 1722 PROSPECT AVE.

City State Zip Code  
SANTA BARBARA CA 93103

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

Name of Employer Occupation  
JAN CLOUSE ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2014**

**Transaction ID : SA11AI.5136**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Margaret Connell**

Mailing Address 7114 Del Norte Dr

City State Zip Code  
Goleta CA 93117

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 21 / 2014**

**Transaction ID : SA11AI.4808**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Margaret Connell**

Mailing Address 7114 Del Norte Dr

City State Zip Code  
Goleta CA 93117

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2014**

**Transaction ID : SA11AI.4981**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **570.00**

**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 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Margaret Connell**

Mailing Address 7114 Del Norte Dr

City State Zip Code  
Goleta CA 93117

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**670.00**

Date of Receipt  
**09 / 27 / 2014**

**Transaction ID : SA11AI.5144**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Dave Davis**

Mailing Address 1226 W Valerio St

City State Zip Code  
Santa Barbara CA 93101

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

Name of Employer Occupation  
Community Environmental Council President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**08 / 25 / 2014**

**Transaction ID : SA11AI.4860**

Amount of Each Receipt this Period  
**220.00**

Full Name (Last, First, Middle Initial)  
**C. JILL DEXTER**

Mailing Address 901 VIA ROSITA

City State Zip Code  
SANTA BARBARA CA 93110

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

Name of Employer Occupation  
JILL DEXTER APPAREL & FASHION PROFESSIONAL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**590.00**

Date of Receipt  
**08 / 01 / 2014**

**Transaction ID : SA11AI.4818**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **760.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JILL DEXTER</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2014 <b>Transaction ID : SA11AI.5141</b>
Mailing Address 901 VIA ROSITA		Amount of Each Receipt this Period 40.00
City SANTA BARBARA	State CA	Zip Code 93110
FEC ID number of contributing federal political committee. C		
Name of Employer JILL DEXTER	Occupation APPAREL & FASHION PROFESSIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>B. JILL DEXTER</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11AI.4941</b>
Mailing Address 901 VIA ROSITA		Amount of Each Receipt this Period 675.00
City SANTA BARBARA	State CA	Zip Code 93110
FEC ID number of contributing federal political committee. C		
Name of Employer JILL DEXTER	Occupation APPAREL & FASHION PROFESSIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1305.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Edgerton</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2014 <b>Transaction ID : SA11AI.5061</b>
Mailing Address 3116 Calle Fresno		Amount of Each Receipt this Period 35.00
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Louise Fisher</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014 <b>Transaction ID : SA11AI.4976</b>
Mailing Address 4185 Venice Lane		Amount of Each Receipt this Period 130.00
City Carpinteria	State CA	Zip Code 93013
FEC ID number of contributing federal political committee. C	Name of Employer SB County of Education	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Friends of Salud Carbajal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 16 / 2014 <b>Transaction ID : SA11AI.4835</b>
Mailing Address PO Box 20084		Amount of Each Receipt this Period 500.00
City Santa Barbara	State CA	Zip Code 93120
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. GHITA GINBERG</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2014 <b>Transaction ID : SA11AI.5269</b>
Mailing Address 11 LA FLECHA LN		Amount of Each Receipt this Period 250.00
City SANTA BARBARA	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C	Name of Employer COMMUNITY ACTIVIST	Occupation GHITA GINBERG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	880.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Gregg Hart</b>			Date of Receipt
Mailing Address 504 Consuelo Dr			<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4942</b>
Santa Barbara	CA	93110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
City of Santa Barbara	Councilmember		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="445.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. HELENE SCHNEIDER FOR MAYOR</b>			Date of Receipt
Mailing Address PO BOX 22606			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5147</b>
SANTA BARBARA	CA	93121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="675.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lee Heller</b>			Date of Receipt
Mailing Address PO Box 1592			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4816</b>
Summerland	CA	93067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Retired	Retired		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="840.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lee Heller**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1592

City Summerland	State CA	Zip Code 93067
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2014

**Transaction ID : SA11AI.4983**

Amount of Each Receipt this Period  
1000.00

**B. Lee Heller**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1592

City Summerland	State CA	Zip Code 93067
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2014

**Transaction ID : SA11AI.5145**

Amount of Each Receipt this Period  
40.00

**C. DIANE HESTER**  
Full Name (Last, First, Middle Initial)  
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 NA	Occupation HOMEMAKER
------------------------	-------------------------

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
07	/	03	/	2014

**Transaction ID : SA11AI.4994**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DIANE HESTER**

Mailing Address 300 HOT SPRINGS RD

City State Zip Code  
SANTA BARBARA CA 93108

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

Name of Employer Occupation  
NA HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2014  
**Transaction ID : SA11AI.4825**

Amount of Each Receipt this Period  
90.00

Full Name (Last, First, Middle Initial)  
**B. Mara Holland**

Mailing Address 2309 Carrizo

City State Zip Code  
Lompoc CA 93436

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
394.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.4979**

Amount of Each Receipt this Period  
244.00

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

Mailing Address 221 SELROSE LN

City State Zip Code  
SANTA BARBARA CA 93109

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.4963**

Amount of Each Receipt this Period  
130.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 464.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Tania Israel</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11AI.4945</b>
Mailing Address 1553 Marquard Ter		Amount of Each Receipt this Period 350.00
City Santa Barbara	State CA	Zip Code 93101
FEC ID number of contributing federal political committee. C		
Name of Employer UC Santa Barbara	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Hannah-Beth Jackson</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11AI.4947</b>
Mailing Address 744 Woodland Dr		Amount of Each Receipt this Period 400.00
City Santa Barbara	State	Zip Code 93108
FEC ID number of contributing federal political committee. C		
Name of Employer California State Senate	Occupation Senator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paula Johnson</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2014 <b>Transaction ID : SA11AI.5159</b>
Mailing Address 3715 Avon Ln		Amount of Each Receipt this Period 180.00
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	930.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Melvin Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 237 Eucalyptus Hill Dr  
 City Santa Barbara State CA Zip Code 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.4969**  
 Amount of Each Receipt this Period  
 400.00  
 Aggregate Year-to-Date ▼  
 400.00

**B. Gretchen Lief**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2925 Sycamore Canyon Road  
 City Santa Barbara State CA Zip Code 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2014  
**Transaction ID : SA11AI.4832**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Christine Logsdon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 264 Santa Monica Way  
 City Santa Barbara State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Graphic Designer  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.4977**  
 Amount of Each Receipt this Period  
 65.00  
 Aggregate Year-to-Date ▼  
 265.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 965.00  
**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 18 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joanne Meade Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 Las Positas Rd.  
 City Santa Barbara State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 27 / 2014  
**Transaction ID : SA11AI.5148**  
 Amount of Each Receipt this Period 40.00

**B. Joanne Meade Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 Las Positas Rd.  
 City Santa Barbara State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 29 / 2014  
**Transaction ID : SA11AI.4958**  
 Amount of Each Receipt this Period 95.00

**C. NANCY MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 W. ORTEGA #9  
 City SANTA BARBARA State CA Zip Code 93101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORDMAN CORMANY HAIR & COMPTON Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 21 / 2014  
**Transaction ID : SA11AI.4809**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NANCY MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 W. ORTEGA #9

City SANTA BARBARA State CA Zip Code 93101

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

Name of Employer: NORDMAN CORMANY HAIR & COMPTON Occupation: ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 27 / 2014**

Transaction ID : **SA11AI.5149**

Amount of Each Receipt this Period: **40.00**

**B. SARA MILLER McCUNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2979 EUCALYPTUS HILL ROAD

City MONTECITO State CA Zip Code 93108

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

Name of Employer: SAGE PUBLICATIONS Occupation: PUBLISHING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt: **08 / 12 / 2014**

Transaction ID : **SA11AI.4831**

Amount of Each Receipt this Period: **500.00**

**C. KRISTI NEWTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 443 LOS FELIZ DRIVE

City SANTA BARBARA State CA Zip Code 93110

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

Name of Employer: N/A Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **09 / 29 / 2014**

Transaction ID : **SA11AI.4951**

Amount of Each Receipt this Period: **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **840.00**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Re-Elect Janet Wolf for Supervisor 2014**

Mailing Address 3887 State Street, Suite 111

City State Zip Code  
 Santa Barbara CA 93105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : SA11AI.5131**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Claudette Roehrig**

Mailing Address 4280 Marina Dr

City State Zip Code  
 Santa Barbara CA 93110

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.5170**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Susan Rose**

Mailing Address 928 Las Palmas

City State Zip Code  
 Santa Barbara CA 93110

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : SA11AI.4877**

Amount of Each Receipt this Period  
 500.00

**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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Susan Rose**  
Full Name (Last, First, Middle Initial)

Mailing Address 928 Las Palmas

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt 09 / 27 / 2014  
**Transaction ID : SA11AI.5137**

Amount of Each Receipt this Period 40.00

**B. Karen Schloss Heimberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 San Ysidro Ln

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Heimberg Construction Occupation General Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 01 / 2014  
**Transaction ID : SA11AI.4819**

Amount of Each Receipt this Period 500.00

**C. ANNE SCHOWE**  
Full Name (Last, First, Middle Initial)

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 N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 01 / 2014  
**Transaction ID : SA11AI.4813**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1040.00

**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 22 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jean Schuyler**  
 Full Name (Last, First, Middle Initial)  
 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 Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : SA11AI.4814**  
 Amount of Each Receipt this Period  
 500.00

**B. DEBBIE SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 A MEIGS RD STE 355  
 City SANTA BARBARA State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MESA CONSULTING Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.4812**  
 Amount of Each Receipt this Period  
 1500.00

**C. DEBBIE SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 A MEIGS RD STE 355  
 City SANTA BARBARA State CA Zip Code 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MESA CONSULTING Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1590.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.5139**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2040.00  
**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 23 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. BETTY STEPHENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 VIA ABRIGADA  
 City SANTA BARBARA State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11AI.5164**  
 Amount of Each Receipt this Period  
 1500.00

**B. BETTY STEPHENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 VIA ABRIGADA  
 City SANTA BARBARA State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.5140**  
 Amount of Each Receipt this Period  
 40.00

**C. GAIL TETON-LANDIS**  
 Full Name (Last, First, Middle Initial)  
 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 N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014  
**Transaction ID : SA11AI.4851**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2540.00  
**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 24 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

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

Mailing Address 4450 VIA ALEGRE

City SANTA BARBARA	State CA	Zip Code 93110
-----------------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11AI.5134**

Amount of Each Receipt this Period  
41.00

Full Name (Last, First, Middle Initial)  
**B. Clarity Thoman**

Mailing Address 1039 N. Fairview

City Goleta	State CA	Zip Code 93117
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.4953**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Linda Van Buren**

Mailing Address 3329 State Street

City Santa Barbara	State CA	Zip Code 93105
-----------------------	-------------	-------------------

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

Name of Employer Montecito Village Travel	Occupation Travel specialist
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11AI.5272**

Amount of Each Receipt this Period  
220.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	561.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 25 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MARY ELLEN WYLIE**

Mailing Address 367 ALEX PL

City State Zip Code  
GOLETA CA 93117

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.4810**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. MARY ELLEN WYLIE**

Mailing Address 367 ALEX PL

City State Zip Code  
GOLETA CA 93117

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : SA11AI.5135**

Amount of Each Receipt this Period  
40.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19447.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

FEC ID number of contributing federal political committee. **C** C00331389

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2014  
**Transaction ID : SA11C.4834**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. HELENE SCHNEIDER FOR MAYOR**

Mailing Address PO BOX 22606

City State Zip Code  
SANTA BARBARA CA 93121

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2014  
**Transaction ID : SA11C.5125**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. HELENE SCHNEIDER FOR MAYOR**

Mailing Address PO BOX 22606

City State Zip Code  
SANTA BARBARA CA 93121

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2014  
**Transaction ID : SA11C.5126**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	785.00
<b>TOTAL</b> This Period (last page this line number only).....▶	785.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ALTERNATIVE DIGITAL PRINTING**

Mailing Address 1511 CHAPALA STREET

City State Zip Code  
SANTA BARBARA CA 93101

Purpose of Disbursement  
printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2014

**Transaction ID : SB21B.5102**

Amount of Each Disbursement this Period

849.80

Full Name (Last, First, Middle Initial)

**B. C&I Consulting**

Mailing Address 226 E. Canon Perdido #D

City State Zip Code  
Santa Barbara CA 93101

Purpose of Disbursement  
bookkeeping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : SB21B.5115**

Amount of Each Disbursement this Period

437.50

Full Name (Last, First, Middle Initial)

**C. ECHO COMMUNICATIONS**

Mailing Address 924 CHAPALA ST., #D

City State Zip Code  
SANTA BARBARA CA 93101

Purpose of Disbursement  
utilities

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2014

**Transaction ID : SB21B.5114**

Amount of Each Disbursement this Period

93.00

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

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

1380.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address 5565 Glenridge Connector NE #2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
contribution processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

**Transaction ID : SB21B.5175**

Amount of Each Disbursement this Period

5	2	.	2	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS BILTMORE**

Mailing Address 1260 CHANNEL DR

City SANTA BAARBARA State CA Zip Code 93108

Purpose of Disbursement  
event venue

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	4

**Transaction ID : SB21B.5108**

Amount of Each Disbursement this Period

9	0	9	1	.	4	4
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS BILTMORE**

Mailing Address 1260 CHANNEL DR

City SANTA BAARBARA State CA Zip Code 93108

Purpose of Disbursement  
event venue

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : SB21B.5113**

Amount of Each Disbursement this Period

1	6	4	4	.	6	4
---	---	---	---	---	---	---

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

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

1	0	7	8	.	3	3
---	---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Plow to Porch**

Mailing Address 3204 State Street

City Santa Barbara State CA Zip Code 93105

Purpose of Disbursement  
event expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2014

**Transaction ID : SB21B.5106**

Amount of Each Disbursement this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Santa Barbara Pro-Choice Coalition**

Mailing Address 518 Garden Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
event contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2014

**Transaction ID : SB21B.5092**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement  
post office box rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

**Transaction ID : SB21B.5097**

Amount of Each Disbursement this Period

80.00

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

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

390.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SB21B.5103**

Amount of Each Disbursement this Period

264.60

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 675 E SANTA CLARA ST

City VENTURA State CA Zip Code 93001

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SB21B.5105**

Amount of Each Disbursement this Period

220.50

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

485.10

13043.73

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF LOIS CAPPIS

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement

Candidate Name  
**FRIENDS OF LOIS CAPPIS**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2014

Transaction ID : SB23.5098

Amount of Each Disbursement this Period

1000.00
---------

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00
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1000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Stand with Sandra Fluke**

Mailing Address PO Box 3160

City Santa Monica State CA Zip Code 90408

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SB29.5111**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00