

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

ADDRESS (number and street) **901 VIA ROSITA**
Check if different than previously reported. (ACC) **SANTA BARBARA CA 93110**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00399444 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) 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 / / 2017 through / / 2017

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 / / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		52483.40
(b) Cash on Hand at Beginning of Reporting Period.....	52483.40	
(c) Total Receipts (from Line 19)	1689.31	1689.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54172.71	54172.71
7. Total Disbursements (from Line 31).....	9388.12	9388.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44784.59	44784.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	250.00	250.00
(ii) Unitemized	1435.00	1435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1685.00	1685.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1685.00	1685.00
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).....	4.31	4.31
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)).....▶	1689.31	1689.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1689.31	1689.31

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	8835.88	8835.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8835.88	8835.88
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).....	552.24	552.24
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)) ..	9388.12	9388.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9388.12	9388.12

DETAILED SUMMARY PAGE
of Disbursements

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)	1685.00	1685.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1685.00	1685.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8835.88	8835.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4.31	4.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8831.57	8831.57

**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 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2017
 Transaction ID : SA11AI.7234
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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
 Amount of Each Receipt this Period
 Memo Item

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

FOR LINE NUMBER:
(check only one)

<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. BILL'S COPY SHOP

Mailing Address 1536 STATE STREET

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement
Printing expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7266
Amount of Each Disbursement this Period
267.30

Memo Item

Full Name (Last, First, Middle Initial)

B. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Bookkeeping services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7267
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Bookkeeping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7272
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)..... ▶

1267.30

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Bookkeeping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C

Transaction ID : SB21B.7281

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Bookkeeping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C

Transaction ID : SB21B.7293

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hearon, Sally, , ,

Mailing Address PO Box 3587

City Santa Barbara State CA Zip Code 93130

Purpose of Disbursement
Reimbursement -- see memo below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.7287

Amount of Each Disbursement this Period

218.50

Memo Item

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

1218.50

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Parks and Recreation

Mailing Address 620 Laguna Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement Fundraising event venue

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7287.4
Amount of Each Disbursement this Period
218.50

Memo Item

Full Name (Last, First, Middle Initial)

B. SERVICE CENTER PRINTING

Mailing Address 810 GUTIERREZ ST

City SANTA BARBARA State CA Zip Code 93103

Purpose of Disbursement Printing expense

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7274
Amount of Each Disbursement this Period
394.00

Memo Item

Full Name (Last, First, Middle Initial)

C. UNIVERSITY CLUB OF SANTA BARBARA

Mailing Address 1332 SANTA BARBARA ST

City SANTA BARBARA State CA Zip Code 93101

Purpose of Disbursement Fundraising event venue

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7271
Amount of Each Disbursement this Period
4944.56

Memo Item

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

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

5338.56
7824.36

**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"/> 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. C&I Consulting

Mailing Address 226 E. Canon Perdido #D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Unitemized civic contribution reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.7283
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CAUSE

Mailing Address 126 E. Haley St. #A12

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Civic donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.7291
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Health Care for All

Mailing Address 328 East Carrillo Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Civic donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.7290
Amount of Each Disbursement this Period

Memo Item

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

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