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FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 1307E4MS

United Brotherhood of Carpenters and Joiners of America, Local 1024, P A C

ADDRESS (number and street) 3 2 7 N. Centre Street

Check if different than previously reported. (AOB)

Cumberland MD 21502

2. FEC IDENTIFICATION NUMBER C 0 0 3 6 1 9 2 3 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10) (c) 12-Day PRE-Election Report for the: Primary (12P), Conversion (12C), Election on (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S), Election on

5. Covering Period 1 0 0 3 2 0 0 3 through 1 2 1 3 1 2 0 0 3

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

Signature of Treasurer [Signature] Date 0 1 2 2 2 0 0 3

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4376.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
 United Brotherhood of Carpenters and Joiners of America, Local 1024 P A C

Report Covering the Period From: 1 0 0 1 2 0 0 3 To: 1 2 3 1 2 0 0 3

		COLUMN A This Period				COLUMN B Calendar Year-to-Date			
6	(a) Cash on Hand January 1,	2	0	0	3	4,8	0	5,4	3
	(b) Cash on Hand at Beginning of Reporting Period .....	6	5	9	6.5	7			
	(c) Total Receipts (from Line 19) .....	2	9	9	0.2	7			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7	5	9	5.7	0			
7	Total Disbursements (from Line 31) .....	1	0	0	0	0			
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7	4	9	5.7	0			
9	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....								
10	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....								

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

FED Form 3X (Rev. 02/2005)

Write or Type Committee Name

United Brotherhood of Carpenters and Joiners of America, Local 1024 P A C

Report Covering the Period: From: 1 0 0 1 2 0 0 3 To: 1 2 3 1 2 0 0 3

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individual/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9 9 9 1 3	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	9 9 9 1 3	2,9 9 0 2 7
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 35, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....		
(b) Levin Funds (from Schedule H5) .....		
(c) Total Transfers (add 18(a) and 18(b)) .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9 9 9 1 3	2,9 9 0 2 7
20. Total Federal Receipts (subtract Line 16(c) from Line 19) .....	9 9 9 1 3	2,9 9 0 2 7

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H-1)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1 0 0 0 0	3 0 0 0 0
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(f)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(2)(H))		
(a) Allocated Federal Election Activity (from Schedule H-8)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....	1 0 0 0 0	3 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31) .....		

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2008)

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) .....	0	0
34. Total Contribution Refunds (from Line 25(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 36 from Line 35) .....	0	0

**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 OF	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)  
**United Brotherhood of Carpenters and Joiners of America, Local 1024 P A C**

Full Name (Last, First, Middle Initial) <b>A. Members of Carpenters Local 1024</b>			Date of Receipt <b>1 0 0 1 2 0 0 1</b>		
Mailing Address <b>327 N. Centre Street</b>			Amount of Each Receipt This Period <b>. 9 9 9 . 1 3</b>		
City <b>Cumberland,</b>	State <b>MD</b>	Zip Code <b>21502</b>			
FEC ID number of contributing federal political committee. <b>C 0 0 3 6 1 9 2 3</b>					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt <b>* * * * *</b>		
Mailing Address			Amount of Each Receipt This Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt <b>* * * * *</b>		
Mailing Address			Amount of Each Receipt This Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ...	
<b>TOTAL</b> 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)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

United Brotherhood of Carpenters and Joiners of America, Local 1024 P A C

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Diane L. McFarland, Treasurer

1 2 1 5 2 0 0 3

Mailing Address

99 Chestnut Street

City State Zip Code  
Frostburg MD 21532

Amount of Each Disbursement This Period

Purpose of Disbursement

Committee to reelect Kevin Kelly

Category/  
Type

1 1 0 0 0 0

Candidate Name

Kevin Kelly

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

State: MD District: 1 R

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City State Zip Code

Amount of Each Disbursement This Period

Purpose of Disbursement

Candidate Name

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City State Zip Code

Amount of Each Disbursement This Period

Purpose of Disbursement

Candidate Name

Category/  
Type

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page line two number only) ▶

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-26-04
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"><i>Jim D</i> PREPARER</div> <div style="width: 40%; text-align: right;"> <div style="text-align: center;"><i>2-2-04</i></div> DATE PREPARED </div> </div>	