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# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines.

128724MS

DELAWARE COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street)

Pa Box 473

Check if different than previously reported. (ACC)

MEDIA

PA

19063

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000424590

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 18-Month Report (Non-election Year Only) (MY)
- Termination Report (TER)

(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)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Month 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

07 01 2024 through 07 31 2024

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

Michael Vincent Shaw Jr

Signature of Treasurer

Date

08 19 2024

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

Office Use Only

FEC FORM 3X (Revised 10/1)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

DELAWARE COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period: From: 07/01/2004 To: 07/31/2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>0</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>0</u>	<u>0</u>
(c) Total Receipts (from Line 19)	<u>192000</u>	<u>192000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>192000</u>	<u>192000</u>
7. Total Disbursements (from Line 30)	<u>2485</u>	<u>2485</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>189515</u>	<u>189515</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0</u>	<u>0</u>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0</u>	<u>0</u>

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 20453  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Revised 1/87)

Write or Type Committee Name

DELAWARE COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period:

From

07 01 2004

To

07 31 2004

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) Married (use Schedule A) ..... (ii) Unmarried ..... (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	10000 9200 19200	19200
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contributions (add Lines 11(a)(i)-(iii), (b), and (c)) (Carry Totals to Line 52, page 4) .....	19200	19200
12. Transfers from Affiliated/Other Party Committees .....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received .....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0
18. Transfers from Nonfederal Account for Joint Activity .....	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	19200	19200
20. Total Federal Receipts (submit Line 18 from Line 19) .....	19200	19200

**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 1 OF 1	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be 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)  
**DELAWARE COUNTY DEMOCRATIC COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL SIOLES**

Mailing Address  
**26 HAVERFORD RD**

City **ARDMORE** State **PA** Zip Code **19003-1021**

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

Name of Employer: **SELF** Occupation: **ORTHOPEDIC SURGEON**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **1000.00**

Date of Receipt: **07 26 2004**

Amount of Each Receipt This Period: **1000.00**

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

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

Amount of Each Receipt This Period

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

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

Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) **1000.00**

TOTAL This Period (last page this line number only) **1920.00**

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 2X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	2435	2435
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0	0
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Committee Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0	0
29. Other Disbursements .....	0	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	2485	2485
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) ▶	2485	2485

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	192000	192000
33. Total Contribution Refunds (from Line 28(d)) .....	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	192000	192000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2485	2485
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	2485	2485

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedules 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				

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NAME OF COMMITTEE (In Full)

DELAWARE COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 27 2024

A

SOVEREIGN BANK

Mailing Address

1130 BERSHIRE BLVD

City

WYOMISSING

State

PA

Zip Code

19010

Purpose of Disbursement

CHECK BOOK FEE

Candidate Name

Category Type

Amount of Each Disbursement This Period

2485

Office Sought

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State

District

B

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement This Period

Office Sought

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State

District

C

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement This Period

Office Sought

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State

District

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2485

2485

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 8-19-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JH</i> PREPARER	8-24-04 DATE PREPARED