

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2012 JUL 13 PM 2:45

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4MBEC MAIL CENTER

Occupy Democratic

ADDRESS (number and street)

1300 Mercantile Ln

Suite 139BB

LAR60

MD

20774-

☐ Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00518464

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

M M /

D D /

Y Y /

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y /

in the  
State of

5. Covering Period

M M /

D D /

Y Y /

through

M M /

D D /

Y Y /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Glenn Morton

Signature of Treasurer

Date

M M /

D D /

Y Y /

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  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Occupy Obamacare

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2012

To:

MM / DD / YYYY  
06 / 30 / 2012

**COLUMN A  
This Period**

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

6. (a) Cash on Hand  
January 1,

MM / DD / YYYY  
2012

MM / DD / YYYY  
0

- (b) Cash on Hand at  
Beginning of Reporting Period.....

MM / DD / YYYY  
0

- (c) Total Receipts (from Line 19) .....

MM / DD / YYYY  
1,779.52

MM / DD / YYYY  
1,779.52

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

MM / DD / YYYY  
1,779.52

MM / DD / YYYY  
1,779.52

7. Total Disbursements (from Line 31) .....

MM / DD / YYYY  
1,779.52

MM / DD / YYYY  
1,779.52

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

MM / DD / YYYY  
0

MM / DD / YYYY  
0

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

MM / DD / YYYY  
0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

MM / DD / YYYY  
0



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

12030841137

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Occupy Obamacare

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2012

To:

MM / DD / YYYY  
06 / 30 / 2012

## **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).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(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 33, 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)).....▶

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19).....▶

1,279.00

500.52

1,779.52

1,779.52

1,779.52

0

1,279.00

500.52

1,779.52

1,779.52

1,779.52

0

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# **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) .....	1,779.52	1,779.52
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,779.52	1,779.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,079.52	1,079.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,079.52	1,079.52

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**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

☐ 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)

*Occupy Obamacare*

Full Name (Last, First, Middle Initial)

A. *Glenn Morton Nor Congress*

Mailing Address

*1300 Mercantile #139BB*

City

*Largo*

State

*MD*

Zip Code

*20774*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*N/A*

Occupation

*N/A*

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

*1,279.00*

*Unused Primary Funds rollover*

Date of Receipt

*04 / 23 / 2012*

Amount of Each Receipt this Period

*1,279.00*

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)..... ►

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)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

*Occupy Obamacare*

Full Name (Last, First, Middle Initial)

A. *mercantile Place #7 Limited Partnership*

Mailing Address

*1300 mercantile Ln Ste 130*

City

*Largo*

State

*MD*

Zip Code

*20774*

Purpose of Disbursement

*Rent/lease pmt*

Candidate Name

*001*

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

*MM/DD/YYYY*  
*04/23/2012*

Amount of Each Disbursement this Period

*300.00*

Full Name (Last, First, Middle Initial)

B. *mercantile Place #7 Limited Partnership*

Mailing Address

*1300 mercantile Ln #130*

City

*Largo*

State

*MD*

Zip Code

*20774*

Purpose of Disbursement

*Rent/lease pmt*

Candidate Name

*001*

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☒ Other (specify) ▼

State:

District:

Date of Disbursement

*MM/DD/YYYY*  
*05/03/2012*

Amount of Each Disbursement this Period

*300.00*

Full Name (Last, First, Middle Initial)

C. *Cortes, Daniel*

Mailing Address

*205 Salem Ave*

City

*Front Royal*

State

*VA*

Zip Code

*22630*

Purpose of Disbursement

*Video Production*

Candidate Name

*004*

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

*MM/DD/YYYY*  
*04/30/2012*

Amount of Each Disbursement this Period

*700.00*

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

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

*1300.00*

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.

☒ Hand Delivered

Date of Receipt

7/13/12

☐ USPS First Class Mail

Postmarked

☐ USPS Registered/Certified

Postmarked (R/C)

☐ USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail

Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery ☐

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

  
PREPARER

7/13/12  
DATE PREPARED

(3/2005)

12030841143