

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation ROCK ISLAND COUNTY DEMOCRATIC PARTY		3. FEC Identification Number C C00408203
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1800 3 AV RM 203 PO BOX 3128		
(c) City, State and ZIP Code ROCK ISLAND IL 61201		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Report 48-Hour Report
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
0	1

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	0	6

THROUGH

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	6

6. TOTAL CONTRIBUTIONS

	.00
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7. TOTAL INDEPENDENT EXPENDITURES.....

	.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Anthony Thorpe	_____	11/07/2006

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
ROCK ISLAND COUNTY DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)

none

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Mailing Address

Transaction ID: F56.000001

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

.00

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page carry total to Line 6)

0.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

ROCK ISLAND COUNTY DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial) of Payee
none

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Mailing Address

Amount

.00

City

State

Zip Code

Purpose of Expenditure
none

Category/
Type

012

Office Sought:

House State: _____

Senate District: _____

President

Check One:

Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

Primary General

Calendar Year-To-Date Per Election
for Office Sought

.00

Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

0.00