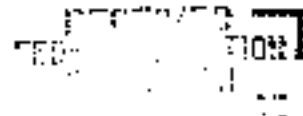


FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee



Official Use Only 2004 JAN 6 A 0 00

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12PB4M5

10th Congressional District Democratic Committee of Virginia

ADDRESS (number and street) P.O. Box 13884

Check if different than previously reported (ADC)

Roanoke VA 24033

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00003897

3. IS THIS REPORT NEW OR AMENDED

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 01 01 2003 through 12 31 2003

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 Dorothy S Brackwell

Signature of Treasurer Dorothy S Brackwell Date 12 31 2003

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 grid and FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 8X (Rev. 03/2003)

Page 2

Write or Type Committee Name

6th Congressional District Democratic Committee of Va.

Report Covering the Period

From:

07/01/2003

to:

12/31/2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003		,938.10
(b) Cash on Hand at Beginning of Reporting Period	,938.10	
(c) Total Receipts (from Line 19)	<del>0,432.15</del>	<del>0,432.15</del>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	,938.15	,938.15
7. Total Disbursements (from Line 31)	,45.00	,45.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	,893.10	,893.10
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	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 20460

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2018)

Page 3

Write or Type Committee Name

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) _____	-	-
(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)(ii), (b), and (c)) (Carry Totals to Line 19, page 5) ▶	-	-
12. Transfers from Affiliated/Other Party Committees _____	-	-
13. As Liens Received _____	-	-
14. Loan Repayments Received _____	-	-
15. Offsets To Operating Expenditures (Rebates, 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 Amount (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) ▶	-	-

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2006)

Page 4

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 .....	45,000	45,000
(ii) Non-Federal Share .....	-	-
(c) Other Federal Operating Expenditures .....	-	-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45,000	45,000
22. Transfers to Affiliated/Other Party Committees .....	-	-
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	-	-
24. Independent Expenditures (use Schedule E) .....	-	-
25. Coordinated Party Expenditures (2 U.S.C. §411a(2)) (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 Contribution Refunds (add Lines 28(a), (b), and (c)) .....	-	-
29. Other Disbursements .....	-	-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(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)) .....	45,000	45,000
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31) .....	-	-

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 09/2009)

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	1	-	2	1	-
34. Total Contribution Refunds (from Line 28(d)) .....	1	1	-	1	1	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2	2	-	1	1	-
36. Total Federal Operating Expenditures (add Line 21(a)(5) and Line 21(b)) .....	2	1	-	2	1	-
37. Offsets to Operating Expenditures (from Line 15, page 5) .....	2	2	-	2	2	-
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2	2	-	1	2	-

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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)  
*10th Congressional District Democratic Comm. of Va*

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
<i>Charles Cheeking Products - BB + T</i>		<i>10 22 2003</i>
Mailing Address		Amount of Each Disbursement this Period
<i>Wood Street</i>		
City	State Zip Code	: : 45.00
<i>Purhanover</i>	<i>VA 24033</i>	
Purpose of Disbursement		
<i>purchase check</i>		

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line 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)
<input type="checkbox"/> No Postmark	
<input checked="" 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	
<i>fe</i>	<i>Jan 6 10 58</i>
PREPARER	DATE PREPARED