

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

ADDRESS (number and street)

14 W. MARSHALL STREET

Check if different than previously reported. (ACC)

NORRISTOWN

PA

19401

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00323253

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- X July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Quarterly 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

04

01

2004

through

06

30

2004

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

Beth Stern Fleming

Signature of Treasurer

Electronically Filed by Beth Stern Fleming

Date

07

15

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Report Covering the Period: From: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		790.15
(b) Cash on Hand at Beginning of Reporting Period	793.53	
(c) Total Receipts (from Line 19)	13500.00	13503.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14293.53	14293.53
<hr/>		
7. Total Disbursements (from Line 31)	7741.26	7741.26
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6552.27	6552.27
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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**

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Write or Type Committee Name

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Report Covering the Period: From: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

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)	3500.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3500.00	3500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13500.00	13500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13500.00	13503.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13500.00	13503.38

DETAILED SUMMARY PAGE

of Disbursements

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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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	7741.26	7741.26
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7741.26	7741.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7741.26	7741.26

DETAILED SUMMARY PAGE
of Disbursements

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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)	13500.00	13500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13500.00	13500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
 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)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Full Name (Last, First, Middle Initial) A. Ken Klathen		Date of Receipt M / D / Y 06 / 10 / 2004
Mailing Address 525 Walnut Lane		Transaction ID: SA11A1.4198
City Swarthmore	State PA	Zip Code 19081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3500.00
Name of Employer Governor's Center for Local G	Occupation Executive Director	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	3500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 9

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Full Name (Last, First, Middle Initial) A. Alyson Schwartz for Congress		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address PD Box 45706		Transaction ID: SA11C.4158	
City Philadelphia	State PA	Zip Code 19149	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00389197		contribution	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: Primary General Other (specify) ▼		Amount of Each Receipt this Period 5000.00	
Full Name (Last, First, Middle Initial) B. Hoaffel for Senate		Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004	
Mailing Address 1528 Walnut St 950		Transaction ID: SA11C.4158	
City Philadelphia	State PA	Zip Code 19102	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00388322		contribution	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: Primary General Other (specify) ▼		Amount of Each Receipt this Period 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

FED IDENTIFICATION NUMBER
C C00323253

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
Cheltenham Printing

Date
M M / D D / Y Y Y Y
05 / 05 / 2004

Mailing Address
212 Beecher Ave.

Amount
1983.52

City State Zip Code
Cheltenham PA 19012

Transaction ID: SE24.4142
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
Printing for Sample Ballots

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2014.51

Disbursement For: Primary General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
Eric Klothen

Date
M M / D D / Y Y Y Y
06 / 17 / 2004

Mailing Address
525 Walnut Lane

Amount
1200.00

City State Zip Code
Swarthmore PA 19081
Purpose of Expenditure Category/Type
Political consulting 001

Transaction ID: SE24.4146
Office Sought: House State: _____
Senate District: _____
Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 7741.26

Disbursement For: Primary General
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	3183.52
(b) SUBTOTAL of Unitemized Independent Expenditures	30.99
(c) TOTAL Independent Expenditures	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Signature _____	Date M M / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT			FEC IDENTIFICATION NUMBER C C00323253		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee David Nasatir			Date M M / D D / Y Y Y Y 05 / 13 / 2004		
Mailing Address 16 Deckert Rd.			Amount 4526.75		
City Conshohocken		State PA	Transaction ID: SE24.4144		
Zip Code 19428		Office Sought: House State: _____ Senate District: _____ Presidential			
Purpose of Expenditure Reimbursement			Category/ Type		
Name of Federal Candidate supported or Opposed by expenditure:			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			6541.26		

(a) SUBTOTAL of Itemized Independent Expenditures	4526.75
(b) SUBTOTAL of Unitemized Independent Expenditures	30.99
(c) TOTAL Independent Expenditures	7741.26
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
_____ Signature	Date M M / J J / Y Y Y Y _____