

**FEC
FORM 3X**

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

RECEIVED

2012 DEC 11 AM 11:50

Office Use Only

FEC MAIL CENTER
12FE4M5

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

Chicago Democrats - Federal Account

ADDRESS (number and street)

P.O. Box 4924

Check if different than previously reported. (ACC)

Chicago

CA

95927 4924

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00055352

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 Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on 11 06 2012 in the State of CA

5. Covering Period

10 18 2012

through

11 26 2012

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

Treasurer Michael Crowley

[Signature]

Date 12-6-2012

is, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

12030980196

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cruzce Democrats

Report Covering the Period:

From:

10 14 2012

To:

11 24 2012

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <i>2012</i>		<i>10,900</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>4,507.94</i>	<i>4,507.94</i>
(c) Total Receipts (from Line 19).....	<i>4,975.78</i>	<i>2,3371.86</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>11,483.72</i>	<i>23,798.80</i>
7. Total Disbursements (from Line 31).....	<i>9,345.65</i>	<i>21,347.94</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>2,138.37</i>	<i>2,138.37</i> <i>2,138.37</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>-0-</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>-0-</i>	

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

12030980197

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Democrats

Report Covering the Period:

From:

10-18-2011

To:

11-24-2012

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).....

1200

3750.00

(ii) Unitemized.....

1221.87

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2421.87

16026.39

(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).....▶

2421.87

16026.39

12. Transfers From Affiliated/Other

Party Committees.....

1855.89

3097.95

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).....

2717.72

2717.72

(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)).....▶

6995.46

23142.06

20. Total Federal Receipts

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

4277.74

26424.34

12030980198

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

12030980199

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	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	, 66820	, 5643.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	, 66820	, 5643.99
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E)	, 4439.63	, 4439.63
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	,	, 150.00
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	, 150.00
29. Other Disbursements	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	, <i>Included on line 24</i>	, <i>Included on line 24</i>
(ii) "Levin" Share.....	, 2717.72	, 2717.72
(b) Federal Election Activity Paid Entirely With Federal Funds	, 1509.50	, 8390.38
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	, 4237.22	, 11108.67
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	, 9345.05	, 21341.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	, 6627.33	, 18623.97

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)	4,237.72	6626 7,602.34
34. Total Contribution Refunds (from Line 28(d))	7.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,230.72	6526.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	668.20	564.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	668.20	564.39

12030980200

**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 <u>6</u> OF <u>20</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<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 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)
Chico Democrats

Full Name (Last, First, Middle Initial) A. <u>Wanda Matthews</u>		Date of Receipt MM / DD / YYYY <u>11 / 01 / 2012</u>
Mailing Address <u>2620 Primm Lake Dr</u>		Amount of Each Receipt this Period <u>, 150.00</u>
City <u>Chico</u>	State Zip Code <u>CA 95973</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Retired</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 900.00</u>	

Full Name (Last, First, Middle Initial) B. Deborah Owens <u>Deborah Owens</u>		Date of Receipt MM / DD / YYYY <u>10 / 23 / 2012</u>
Mailing Address <u>1462 Mountain View Dr</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Chico</u>	State Zip Code <u>CA 95926</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Retired/ma</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 500.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Caroline Burkett</u>		Date of Receipt MM / DD / YYYY <u>10 / 19 / 2012</u>
Mailing Address <u>11825 Castle Rock Ct</u>		Amount of Each Receipt this Period <u>, 200.00</u>
City <u>Chico</u>	State Zip Code <u>CA</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Retired</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 200.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 850.00</u>
TOTAL This Period (last page this line number only).....▶	

12030980201

**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 **7** OF **20**

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

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NAME OF COMMITTEE (In Full)

CRVICO Democrats

Full Name (Last, First, Middle Initial)

Date of Receipt

A. **Seth Donish**

M M / D D / Y Y Y Y
10 17 2012

Mailing Address

P.O. Box 4389

City

CRVICO

State

CA

Zip Code

95927

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

100.00

Name of Employer

Self

Occupation

Investigator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Full Name (Last, First, Middle Initial)

Date of Receipt

B. **Seth Donish**

M M / D D / Y Y Y Y
11 07 2012

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

250.00

Name of Employer

Self

Occupation

Investigator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Full Name (Last, First, Middle Initial)

Date of Receipt

C.

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

350

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

1200.00

12030980202

**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 8 OF 20

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

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NAME OF COMMITTEE (In Full)

Child Democrats

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y
10 / 18 / 2012

A. *CA Democratic Party*

Mailing Address

2100 N 21st St #200

City State Zip Code
Sacramento CA CA 95811

FEC ID number of contributing federal political committee. *C0015286*

Amount of Each Receipt this Period

379.71

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3679.59
~~*6011.59*~~

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y
10 / 26 / 2012

B. *CA Dem Party*

Mailing Address

2100 N 21st St #200

City State Zip Code
Sacramento CA CA 95811

FEC ID number of contributing federal political committee. *C0015286*

Amount of Each Receipt this Period

684.45

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3679.59
~~*6011.59*~~

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y
11 / 21 / 2012

C. *CA Dem Party*

Mailing Address

2100 N 21st St #200

City State Zip Code
Sacramento CA CA 95811

FEC ID number of contributing federal political committee. *C0015286*

Amount of Each Receipt this Period

291.73

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3679.59
~~*6011.59*~~

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

1,455.89

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

1,455.89

12030980203

**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 7 OF 20
	<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	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Chico Democrats

Full Name (Last, First, Middle Initial) <i>Butte County Elections</i>		Date of Disbursement MM / DD / YYYY <i>10 / 26 / 2012</i>
Mailing Address <i>26 County Center Dr</i>		Amount of Each Disbursement this Period <i>90.00</i>
City <i>Oroville</i>	State <i>CA</i>	
Zip Code <i>95965</i>		Category/ Type
Purpose of Disbursement <i>Election Material</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <i>Butte County Elections</i>		Date of Disbursement MM / DD / YYYY <i>10 / 31 / 2012</i>
Mailing Address <i>26 County Center Dr</i>		Amount of Each Disbursement this Period <i>135.00</i>
City <i>Oroville</i>	State <i>CA</i>	
Zip Code <i>95965</i>		Category/ Type
Purpose of Disbursement <i>Election Materials</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <i>Michael Wenberg</i>		Date of Disbursement MM / DD / YYYY <i>11 / 21 / 2012</i>
Mailing Address <i>787 Gilbert Ave</i>		Amount of Each Disbursement this Period <i>316.50</i>
City <i>Conco</i>	State <i>CA</i>	
Zip Code <i>95974</i>		Category/ Type
Purpose of Disbursement <i>Office Supplies & Equipment</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>541.50</i>
TOTAL This Period (last page this line number only).....▶	<i>541.50</i>

12030980204

**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 10 OF 20

<input 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	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHICAGO Democrats

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **BRYAN MOLL**

M M / D D / Y Y Y Y
10 21 2012

Mailing Address

555 Walton Drive #14

City State Zip Code

CHICAGO CA 95924

Purpose of Disbursement

voter Registration

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, , **186.00**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. **Bryan Moll**

M M / D D / Y Y Y Y
10 23 2012

Mailing Address

555 Walton Drive #14

City State Zip Code

CHICAGO CA 95924

Purpose of Disbursement

voter Registration

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, , **160.00**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. **SCOTT ALLAN**

M M / D D / Y Y Y Y
10 21 2012

Mailing Address

8240 Cedarcrest Wy

City State Zip Code

Sacramento CA 95824

Purpose of Disbursement

voter Registration

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, , **363.50**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

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

, , **709.50**

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

, ,

12030980205

**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 11 OF 20

<input 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	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHILD Democrats

Full Name (Last, First, Middle Initial)

A. *Scott ALLEN*

Mailing Address

8210 Cedarhurst Way

City

Serrano

State

CA

Zip Code

95826

Purpose of Disbursement

Voter Registration

Candidate Name

[Blank]

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 23 / 2012

Amount of Each Disbursement this Period

, 204.00

Full Name (Last, First, Middle Initial)

B. *Michael Wood*

Mailing Address

208 Fingstar Ct

City

Blounts Inn

State

SC

Zip Code

29644

Purpose of Disbursement

Voter Registration

Candidate Name

[Blank]

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 21 / 2012

Amount of Each Disbursement this Period

, 244.00

Full Name (Last, First, Middle Initial)

C. *Michael Wood*

Mailing Address

208 Fingstar Ct

City

Blounts Inn

State

SC

Zip Code

29644

Purpose of Disbursement

Voter Registration

Candidate Name

[Blank]

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 23 / 2012

Amount of Each Disbursement this Period

, 112.00

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

, 560.00

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

, 1269.50

12030980206

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

PAGE 13 OF 20
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Chris Democrats Federal Act</i>	FEC IDENTIFICATION NUMBER ▼ <i>C 00455352</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <i>11 02 2012</i>	

12030980208

Full Name (Last, First, Middle Initial) of Payee <i>Orville Mirror</i>		Date <i>10 31 2012</i>	
Mailing Address <i>76 Grant Ct</i>		Amount <i>9720</i>	
City <i>Orville</i>	State <i>CA</i>	Zip Code <i>95925</i>	
Purpose of Expenditure <i>Printing</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Mitt Romney</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Auto Mate</i>		Date <i>11 02 2012</i>	
Mailing Address <i>8096 Betty Lou Ct</i>		Amount <i>1,126.15</i>	
City <i>Sacramento CA</i>	State <i>CA</i>	Zip Code <i>95814</i>	
Purpose of Expenditure <i>Postage/Processing</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Mitt Romney</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>1,331.89</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>1,223.35</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>108.54</i>
(c) TOTAL Independent Expenditures.....	<i>1,331.89</i>

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 *[Handwritten Signature]* Date *12 06 2012*

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

PAGE 14 OF 20
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CHICO Democrats Federal Act	FEC IDENTIFICATION NUMBER C 00455352
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

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Full Name (Last, First, Middle Initial) of Payee Bronville Murren		Date 10 31 2012
Mailing Address 76 Street Ct		Amount 43.20
City Bronville, CA	State CA	Zip Code 95814
Purpose of Expenditure Printing	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 591.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Auto Mate		Date _____
Mailing Address 8090 Betty Lou Ct		Amount 500.49
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 591.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	549.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....	48.23
(c) TOTAL Independent Expenditures.....	591.95

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 **12 06 2012**

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

PAGE 15 OF 20
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Ocala Democrats - Federal Act</i>	FEC IDENTIFICATION NUMBER <i>C 00455352</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

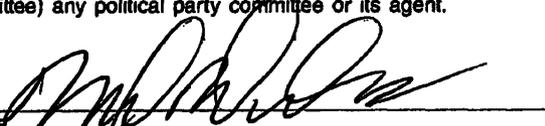
12030980210

Full Name (Last, First, Middle Initial) of Payee <i>Greville Mirona</i>		Date <i>10/31/2012</i>
Mailing Address <i>76 Stuart Ct</i>		Amount <i>21.60</i>
City <i>Ocala</i>	State <i>CA</i>	Zip Code <i>95965</i>
Purpose of Expenditure <i>Printing</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>CA</i> District: <i>01</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Jim Reed</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>29598</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Automate</i>		Date <i>12/02/2012</i>
Mailing Address <i>9590 Betty Lou Ct</i>		Amount <i>22.25</i>
City <i>Sacramento</i>	State <i>CA</i>	Zip Code
Purpose of Expenditure <i>Postage/Processing</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>CA</i> District: <i>01</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Jim Reed</i>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>29598</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>271.85</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>24.13</i>
(c) TOTAL Independent Expenditures.....	<i>295.98</i>

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: *12/06/2012*

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
CHICAGO DEMOCRATS - FEDERAL ACCT

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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<p>ACTIVITY OR EVENT IDENTIFIER <u>CHICAGO GAZETTE MAILER</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <u>60.00%</u></p>	<p>NONFEDERAL % <u>40.00%</u></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % %</p>	<p>NONFEDERAL % %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % %</p>	<p>NONFEDERAL % %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % %</p>	<p>NONFEDERAL % %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % %</p>	<p>NONFEDERAL % %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % %</p>	<p>NONFEDERAL % %</p>

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 17 OF 20
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Conico Democrats Fed Account

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>Conico Democrats STATE Account</i>	<i>11 08 2012</i>	<i>2717.72</i>

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID.....				
iii) GOTV Total Amount Transferred for GOTV.....				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....				<i>2717.72</i>

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		<i>2717.17</i>

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID.....				
iii) GOTV Total Amount Transferred for GOTV.....				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	<i>2717.72</i>

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)**

12030980213

NAME OF COMMITTEE (In Full)
CHICO Democrats Federal Act

A. Full Name (Last, First, Middle Initial) / Full Organization Name Oroville Mirror		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Mailing Address 70 Mount St		Allocated Activity or Event Year-To-Date 6,795.40	
City Oroville	State CA	Zip Code 95965	Date 10 31 2012
Purpose of Disbursement CHICO GAZETTE MAILER - Printing		Category/Type	
FEDERAL SHARE 4,324.00	+	LEVIN SHARE 2,471.40	= TOTAL AMOUNT 6,795.40

B. Full Name (Last, First, Middle Initial) / Full Organization Name AUTO MATC		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Mailing Address 8010 Betty Lou Dr		Allocated Activity or Event Year-To-Date 6,795.40	
City Sacramento	State CA	Zip Code 95816	Date 11 02 2012
Purpose of Disbursement Postage + Processing - CHICO GAZETTE MAIL		Category/Type	
FEDERAL SHARE 3,753.68	+	LEVIN SHARE 2,501.72	= TOTAL AMOUNT 6,255.40

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE 4,077.68	+	LEVIN SHARE 2,717.72	= TOTAL AMOUNT 6,795.40
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE 4,077.68		LEVIN SHARE 2,717.72	TOTAL AMOUNT 6,795.40
TOTAL This Period for the Levin Share			
		2,717.72	

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) <i>CAVILLO Democrats - Federal Action</i>
NAME OF ACCOUNT <i>inw on</i>

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	,	,
(b) Unitemized	,	,
(c) Total	,	,
2. OTHER RECEIPTS	2717.72	2717.72
3. TOTAL RECEIPTS	2717.72	2717.72
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	,	,
(b) Voter ID	,	,
(c) GOTV	,	,
(d) Generic Campaign	,	,
(e) Total	,	,
5. OTHER DISBURSEMENTS	2717.72	2717.72
6. TOTAL DISBURSEMENTS	2717.72	2717.72
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	-	-
(for Column B, use cash as of January 1st)		
8. RECEIPTS	2717.72	2717.72
(from Line 3)		
9. SUBTOTAL	2717.72	2717.72
(Add Lines 7 and 8)		
10. DISBURSEMENTS	2717.72	2717.72
(From Line 6)		
11. ENDING CASH ON HAND	-	-
(Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

PAGE 26 OF 70

FOR LINE NUMBER: (check only one) 1a 2

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)

A.

Full Name (Last, First, Middle Initial) / Full Organization Name
Chico Democrats - STATE Account

Mailing Address
P.O. Box 4924

City Chico, CA State CA Zip Code 95924

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y
11 08 2012

Amount of Each Receipt this Period
2717.72

Aggregate Year-to-Date
2717.72

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

TOTAL This Period (last page this line number only)..... ▶ 2717.72

12030980215

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

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
12/4/12
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

Amid
PREPARER

12/11/12
DATE PREPARED

12030930216