FEC FORM 3X	REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee	RECEIVED FEC MAIL CENTER 2020 OCT 22 PM 1: 47 Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
MATHEWSICOUNTY DE		
ADDRESS (number and street)	P.O. BOX 1111	
Check if different than previously reported. (ACC)		
2. FEC IDENTIFICATION N		STATE A ZIP CODE A
C 00682393	3. IS THIS NEW REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report ( July 15 Quarterly Report ( X October 15 Quarterly Report ( January 31 Year-End Report ( July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER)	(C) 12-Day Primary (12P) PRE-Election Report for the: Convention (12C) (Q3) (YE) Election on MTM / DTD / Election on General (30G) Report for the:	)       Sep 20 (M9)       Dec 20 (M12) (Non-Election Year Only)         )       Oct 20 (M10)       Jan 31 (YE)         )       General (12G)       Runoff (12R)         )       Special (12S)         Y       in the State of         )       Runoff (30R)         )       Special (30S)         Y       in the State of
Type or Print Name of Treasur	Parela HOe Lisle	Date $10^{10}$ $08^{10}$ $2020^{10}$
NOTE: Submission of false, erro Office Use Only	neous, or incomplete information may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109.         FEC FORM 3X         Rev. 05/2016

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FEC Form 3X (Rev. 05/2016)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name	·····	
MATHEWS COUNTY DEMO	CRATIC COMMITTEE	
Report Covering the Period: From:		
I. Receipts	COLUMN A Total This Perlod	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)		1525.00
	4125.00	
(ii) Unitemized (iii) TOTAL (add		4355.00
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	5150.00	5880,00
Totals to Line 33, page 5)		
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)	···	L_n_r_r_r_r_r_r_r_
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 Fu	inds	( <u></u>
(a) Non-Federal Account		
(from Schedule H3)	··· Langen and and a second	
(b) Levin Funds (from Schedule H5)	··· L	L_r_r_r_r_r_r_r_r_
(c) Total Transfers (add 18(a) and 18(b)).		
(c) lotal mansiers (and lota) and lo(0)).	" <u>La anter managent</u>	
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5150.00	<u>5880.00</u>
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)		
		In a survey and the survey and the survey and the survey of the survey o

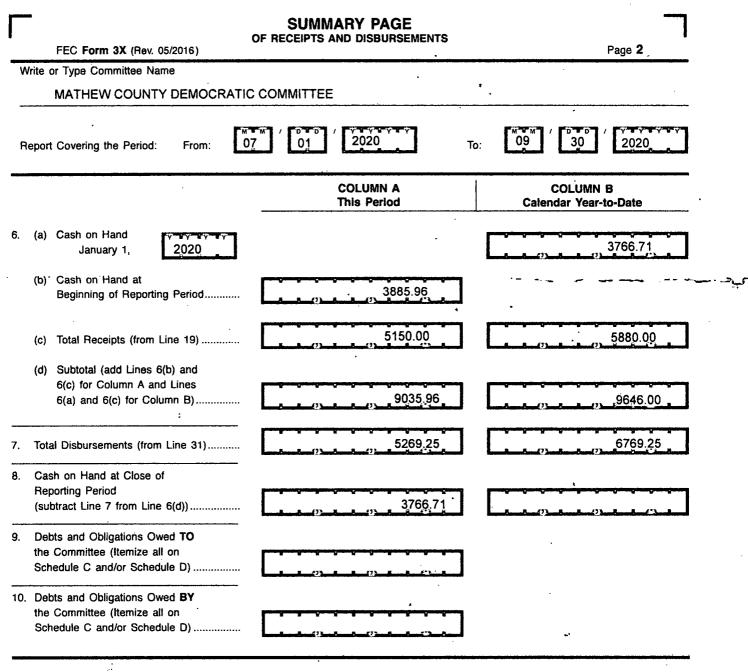
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

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## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) II. Disbursements

Allocated Federal/Non-Federal

(i) Federal Share .....

(ii) Non-Federal Share.....

Expenditures .....

(add 21(a)(i), (a)(ii), and (b)) ......

Committees.....

Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Independent Expenditures

Contributions to

27. Loans Made .....

(c) Total Operating Expenditures

Federal Candidates/Committees and Other Political Committees......

(use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....

26. Loan Repayments Made.....

(a) Individuals/Persons Other Than Political Committees

(c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements (Including

(b) Political Party Committees .....

(such as PACs).....

### COLUMN A **Total This Period**

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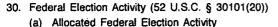
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### COLUMN B ar-to-Date

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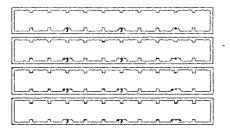
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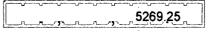


(from Schedule H6) (i) Federal Share .....

Non-Federal Donations).....

- (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)) ..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....





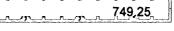
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Page 4

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21. Operating Expenditures:

# **DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

### III. Net Contributions/ Operating Expenditures

FEC Form 3X (Rev. 05/2016)

### COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

- 33. Total Contributions (other than loans) (from Line 11(d), page 3) .....
- 34. Total Contribution Refunds (from Line 28(d)).....
- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .......▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3).....

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SCHEDULE A (FEC Form 3X)		ſ,	FOR LINE NUMBER: PAGE OF						
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
		Detailed Summary Page							
Any information copied from such Reports and Stat or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
MATHEWS COUNTY DEMOCRATI		MITTEE							
Full Name of Individual (Last, First, Middle Initial A. MONTGOMERY, DAVID & MILDRED		Organization Name	Date of Receipt						
Mailing Address 163 MILL LANE ROAD									
City BOHANNON	State VA	Zip Code 23021	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		300.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	_						
Primary X General Other (specify) $\mathbf{\nabla}$		300.00	1						
	<b></b>		J						
Full Name of Individual (Last, First, Middle Initial B. CROWLEY, SHEILA & WILLIS, KENT	•	Drganization Name	Date of Receipt						
Mailing Address P.O. BOX 393		-	08 14 2020						
City PORT HAYWOOD	State VA	Zip Code 23138	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)								
	Aggregate	Year-to-Date V							
CONTRIBUTION TO COMMITTEE		<u>, 500.00</u>	]						
Full Name of Individual (Last, First, Middle Initial C. MATHEWS RESIDENTS	l) or Full C	Organization Name	Date of Receipt						
Mailing Address EACH CONTRIBUTION LESS THAN	OR EQU	JAL TO 200.00							
City TOTAL OF 43 CONTRIBUTIONS	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		4125.00						
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
Receipt For: Primary X General Other (specify) CONTRIBUTION TO COMMITTEE	Aggregate	Year-to-Date ▼	]						
SUBTOTAL of Receipts This Page (optional)			4925.00						
TOTAL This Period (last page this line number on	ay)								

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FEC Schedule A (Form 3X) Rev. 05/2016

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         12           11a         11b         11c         12         13         14         15         16         11
Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
MATHEWS COUNTY DEMOCRATIC COM		
Full Name of Individual (Last, First, Middle Initial) or Full C CRAWFORD, MARGARET	Drganization Name	Date of Receipt
Mailing Address P.O. BOX 524 City State	Zip Code	
City PORT HAYWOOD State VA	23138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		225.00
Name of Employer (for Individual) Occ	cupation (for Individual)	Memo Item
Receipt For:     Aggregate       Primary     General       X     Other (specify) ▼       004 ADVERTISING	• Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Initial) or Full (	Drganization Name	
Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual) Oc	cupation (for Individual)	Memo Item
Receipt For:     Aggregate       Primary     General       Other (specify) ▼	Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle Initial) or Full (	Organization Name	Date of Receipt
Mailing Address	·····	
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual) Oco	cupation (for Individual)	Memo Item
Receipt For:     Aggregate       Primary     General       Other (specify)	3 Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	······	225.00 <u>,</u> 5150.00

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FEC Schedule A (Form 3X) Rev. 05/2016

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			E NUMBER: PAGE OF					
TEMILLU DISDURSEMENTS		category of the Summary Page		21b	22 23 26 27					
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
MATHEWS COUNTY DEMOCRATIC	COMMIT	TEE								
Full Name (Last, First, Middle Initial) A.					Date of Disbursement					
BIDEN FOR PRESIDENT		i								
Mailing Address P.O. BOX 58174					09 17 2020					
	State	Zip Code 19102			FEC Identification Number					
PHILADELPHIA Purpose of Disbursement	PA				C 00682393					
CAMPAIGN CONTRIBUTION										
Candidate Name JOSEPH BIDEN				gory/	Amount of Each Disbursement this Period					
	ement For:	l	Ту	he	3000.00					
Senate	Primary	X General			nan in the second se					
State: District:	Other (spe	сіту) 🔻			Memo Item					
Full Name (Last, First, Middle Initial)			<u>`</u> -							
B. RASHID FOR CONGRESS										
Mailing Address P.O. BOX 489					09 17 2020					
City GARRISONVILLE										
Purpose of Disbursement	C 00682393									
CAMPAIGN CONTRIBUTION	freedom Saundines Constanting and and									
QUASIM RASHID			Cate Ty	gory/ pe	Amount of Each Disbursement this Period					
	ement For:				1000.00					
State: VA District: 1ST	Primary Other (spe	∟X General cify)								
Full Name (Last, First, Middle Initial)	·									
C. 1ST CONGRESSIONAL DISTRICT			·		Date of Disbursement					
Mailing Address					08 17 2020					
City (	State	Zip Code	<u> </u>		FEC Identification Number					
Purpose of Disbursement	<u> </u>		<b></b>	ليند	C 00682393					
PURCHASE CAMPAIGN SIGNS Candidate Name										
JOSEPH BIDEN, MARK WARNER; QUASIM RASHID					Amount of Each Disbursement this Period					
	ement For:	I		·	320.00					
-X-Senate	Primary Other (spe	l General cifv) ▼								
State: VA District: 1ST CONG DIST.	· · ·	SIGNS			Memo Item					
SUBTOTAL of Disbursements This Page (optional)				►	4320.00					
TOTAL This Period (last page this line number on	y)			►						

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FEC Schedule B (Form 3X) Rev. 05/2016

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ITEMIZED DISBURSEMENTS       for each call adaption they       (effect only one)       23	Lico constato cohodulo(s)					E NUMBER: PAGE OF						
Any information copied from such Reports and Statements may not be cold or used by reports of the devices of soliding contributions from such committees.       NAME OF COMMITTEE (n Full)         NAME OF COMMITTEE (n Full)       MATHEWS COUNTY DEMOCRATIC COMMITTEE         Any information copied from such Reports and Statements may not be cold or used by any person for the purpose of soliding contributions from such committee.       Date of Disbursement         Any Information copied from such Reports and Statements may not be cold or used by any person for the purpose of colliding contributions from such committee.       Date of Disbursement         Any Information Copied from such Reports and Statements Tric.       Date of Disbursement       Copies 293.         City       GLOUCESTER       State       Zab Code 230.         Purpose of Disbursement For:       Date of Disbursement for:       Category         Office Sought       House       Disture (specify) v       Category         State:       Disturesement       State       Disturesement         Purpose of Disbursement       State       Disturesement       Category         Yo       Port HAYWOOD       State       Disturesement       Date of Disbursement         Purpose of Disbursement       Correction Number       Category       Yr       Correction Number         Purpose of Disbursement       Senate       Disturesement for:       Category <td< td=""><td>ITEMIZED DISBURSEMENTS</td><td>for each</td><td>category of the</td><td></td><td>21b</td><td>22</td><td></td><td></td><td></td><td></td><td></td></td<>	ITEMIZED DISBURSEMENTS	for each	category of the		21b	22						
ar for commercial puppess, other than using the name and address of any political committee to solicit contributions from such committee.          NAME OF COMMITTEE (In Full)         MATHEWS COUNTY DEMOCRATIC COMMITTEE         Full Name (Last, First, Middle Initial)         GLOUCESTER         Out Control Commercial puppess, other than using the name and address of Disbursement /         Guing Address         City         GLOUCESTER         Puppes of Disbursement AMPAIGN SIGNS         Category         Office Sought         House         Disfuert Main (Last, First, Middle Initial)         B.         CROWLEY, SHEILA         Maing Address         Office Sought         Port HAYWOOD         VA         Zip Code         Purpose of Disbursement         State:         Disfuert HARRIS, WARINER, RASHID         Office Sought         Port HAYWOOD         VA         Zip Code         State:         Disbursement         Candidate Name         State:         Disbursement         Purpose of Disbursement         Category         Yor         City         State:       Disbursement For			<u> </u>									
A       MATHEWS COUNTY DEMOCRATIC COMMITTEE         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Disbursement         GLOUCESTER       VA         Zig Code       Disbursement         PURDes of Disbursement       Disbursement for:         Disbursement       Disbursement for:         JOSEPH BIDEN, KAMALA HARRIS       Disbursement for:         Office Sought:       House         Purpose of Disbursement for:       Disbursement for:         Office Sought:       House         Purpose of Disbursement       Signs         Candidate Name       Disbursement for:         State:       Disbursement for:         Purpose of Disbursement       Signs         Purpose of Disbursement       Signs         Crity       PORT HAYWOOD         VA       State:         Disbursement       Disbursement For:         Purpose of Disbursement       Category         Purpose of Disbursement       Category         Purpose of Disbursement       Mamount of Each Disbursement for:         Candidate Name       Disbursement For:         Purpose of Disbursement       Category         Y       State:       VA												
Voll Name (Last, First, Middle Initial)       Date of Disbursement         A.       GLOUCESTER COUNTY DEMOCRATIC COMMITTEE         Mailing Address       Disbursement         City       GLOUCESTER         Purpose of Disbursement       Disbursement         Purpose of Disbursement       Disbursement         State:       Disbursement         State:       Disbursement         Portice Sought:       House         Port HAYWOOD       State         Purpose of Disbursement       Disbursement For:         State:       Disbursement         Port HAYWOOD       State         Port HAYWOOD       VA         Zip 23138       Precident         Purpose of Disbursement       Disbursement For:         BIDEN, HARRIS       Disbursement For:         BIDEN, HARRIS       Disbursement For:         City       POR POST CARP PRINTING AND POSTAGE         Candidate Name       Disbursement For:         State:       VA         Disbursement       Category         Office Sought:       House         Purpose of Disbursement       Disbursement For:         President       State         Zip Code       Prec Identification Number	NAME OF COMMITTEE (In Full)											
A.       GLOUCESTER COUNTY DEMOCRATIC COMMITTEE       Date of Diabursement         Mailing Address       Opp 1       14       2020         City       GLOUCESTER       State       Zip Code       PEC Identification Number         Purpose of Diabursement       Catigony       Amount of Each Diabursement for:       Catigony         Conditate Name       Diabursement for:       Catigony       Amount of Each Diabursement for:       Amount of Each Diabursement for:         State:       Distoresment       State       State       State       Diabursement for:         Full Name (Last, First, Middle Initiat)       B.       CROWLEY, SHEILA       Date of Diabursement for:       Date of Diabursement for:         City       PORT HAYWOOD       State       Zip Code       FEC Identification Number         City       PORT HAYWOOD       VA       Zip Code       FEC Identification Number         City       PORT HAYWOOD       VA       Zip Code       FEC Identification Number         Catigony       Diabursement for:       Diabursement for:       Diabursement for:       Type         Office Sought       House       Diabursement for:       Categony       Type         Office Sought       Senate       Pirmary       General       Amount of Each Diabursement for:	MATHEWS COUNTY DEMOCRAT		TTEE									
GLOUCESTER COUNTY DEMOCRATIC COMMITTEE         Maiing Address         City       State         VA       Zip Code         VA       Zip Code         Purpose of Disbursement       VA         Purpose of Disbursement       Disbursement For:         Office Sought:       House         Disbursement       Disbursement For:         Purpose of Disbursement       Category/         State:       VA       Zip Code         Precident       Category/         State:       VA       Disbursement For:         President       State       Zip Code         Fet Identification Number       President         City       State       Zip Code		· · · · · · · · · · · · · · · · · · ·				····			·			
City       State       Zp Code 23061       FEC Identification Number         Purpose of Disbursement For:       Category       Category       Amount of Each Disbursement this Period         Office Sought       House       Disbursement For:       Category       200.00         Office Sought       House       Disbursement For:       Category       200.00         Office Sought       House       Disbursement For:       Category       200.00         State:       Disbursement For:       State       Category       200.00         State:       Disbursement For:       Ype       Category       Zp Code         Full Name (Last, First, Middle Initial)       B.       Category       Category       Category       Category         BIDEN, HARNS, WARNER, RASHID       State       Zp Code       FEC Identification Number         Purpose of Disbursement       President       CAMPAIGN POST CARD PRINTING AND POSTAGE       Category         Category       Merno Item       President       Ype       Amount of Each Disbursement this Period         State:       VA       Disfrict: 1ST       CAMPAIGN POST CARD MAILING       Merno Item         Full Name (Last, First, Middle Initial)       Category       Merno Item       FEC Identification Number         Cify </th <th>A. GLOUCESTER COUNTY DEMOCR</th> <th></th> <th>MITTEE</th> <th></th> <th></th> <th>Date of</th> <th>Disbu</th> <th>urser</th> <th>nent</th> <th></th> <th></th>	A. GLOUCESTER COUNTY DEMOCR		MITTEE			Date of	Disbu	urser	nent			
GLOUCESTER       VA       23061         Purpose of Diabursement       Purpose of Diabursement       Gloupsezgay         Candidate Name       Category/ Type       Gloupsezgay         Office Sought       House       Diabursement For: Senate       Category/ Type         Office Sought       House       Diabursement For: Senate       Category/ Type       Memo Item         State:       District:       State       Diabursement For: Senate       Diabursement         Full Name (Last, First, Middle Initial)       Date of Diabursement       Memo Item         B.       CROWLEY, SHEILA       Date of Diabursement         Mailing Address       P.O. BOX 393       City         Purpose of Diabursement       Senate       President         Y President       Senate       Primary         State:       VA       District:         State:       VA       Distresement         City       State       Zip Code         Purpose of Diabursement       Diabursement For: Category       Category         Type       Office Sought:       Y President         Y President       Category       Type         Office Sought:       Y President       Category         Y Purpose of Diabursement       Disb	Mailing Address				· · · · · · ·	09	ľL	14	IJĽ	202	0	
Purpose of Disbursement For:       Category         Conditate Name       Disbursement For:         Office Sought:       President         State:       Nound of Each Disbursement For:         State:       President         State:       Nound of Each Disbursement         Purpose of Disbursement       State         Portone of Disbursement       State         Portone of Disbursement       State         Portone of Disbursement       State         Purpose of Disbursement       State         State:       VARNER, RASHID         Office Sought:       Senate         Purpose of Disbursement       Senate         State:       VARNER, RASHID         Office Sought:       Senate         President       Senate         State:       VA         Disbursement       Senate         President       Senate         President       Senate         State:       VA         Disbursement       Senate         State:       VA         Purpose of Disbursement       Senate         City       State         Purpose of Disbursement       Senate         Senate       Disbursement For: <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>FEC Id</td> <td>entifica</td> <td>ation</td> <td>Number</td> <td>r</td> <td></td>	-					FEC Id	entifica	ation	Number	r		
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FEC Schedule B (Form 3X) Rev. 05/2016

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Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail	10/22/20
USPS Registered/Certified	Postmarked (R/C)
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Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt
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Other (Specify):	of Receipt or Postmarked
SAM	10/23/20
(3/2015)	DATE PREPARED

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