

**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

MATHEWS COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street)

P.O. BOX 1111



Check if different  
than previously  
reported. (ACC)

MATHEWS

VA

23109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00682393

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

MM / DD / YYYY

in the  
State of

XX

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

XX

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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 PAMELA G. DE LISLE

Signature of Treasurer

*Pamela G De Lisle*

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 05/2016

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MATHEWS COUNTY DEMOCRATIC COMMITTEE**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2020

To:

MM / DD / YYYY  
09 / 30 / 2020

**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).....

1025.00

1525.00

(ii) Unitemized.....

4125.00

4355.00

(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)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

5150.00

5880.00

**12. Transfers From Affiliated/Other 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).....**

**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).....

(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)).....▶**

5150.00

5880.00

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MATHEW COUNTY DEMOCRATIC COMMITTEE**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2020

To:

MM / DD / YYYY  
09 / 30 / 2020

	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
6. (a) Cash on Hand January 1, 2020		3766.71
(b) Cash on Hand at Beginning of Reporting Period.....	3885.96	
(c) Total Receipts (from Line 19) .....	5150.00	5880.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9035.96	9646.00
7. Total Disbursements (from Line 31) .....	5269.25	6769.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3766.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....	520.00	520.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	4000.00	5000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (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 (Including Non-Federal Donations) .....	749.25	1249.25
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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)) ..	5269.25	6769.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	5269.25	6769.25

2025 RELEASE UNDER E.O. 14176

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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

2025 RELEASE UNDER E.O. 14176

**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 OF

☐ 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)

**MATHEWS COUNTY DEMOCRATIC COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MONTGOMERY, DAVID & MILDRED**

Mailing Address

163 MILL LANE ROAD

City

BOHANNON

State

VA

Zip Code

23021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

**CONTRIBUTION TO COMMITTEE**

Date of Receipt

08 / 06 / 2020

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CROWLEY, SHEILA & WILLIS, KENT**

Mailing Address

P.O. BOX 393

City

PORT HAYWOOD

State

VA

Zip Code

23138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

**CONTRIBUTION TO COMMITTEE**

Date of Receipt

08 / 14 / 2020

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATHEWS RESIDENTS**

Mailing Address

EACH CONTRIBUTION LESS THAN OR EQUAL TO 200.00

City

TOTAL OF 43 CONTRIBUTIONS

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**CONTRIBUTION TO COMMITTEE**

Date of Receipt

08 / / 2020

Amount of Each Receipt this Period

4125.00

☐ Memo Item

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

4925.00

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

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input 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)

**MATHEWS COUNTY DEMOCRATIC COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CRAWFORD, MARGARET**

Mailing Address

**P.O. BOX 524**

City

**PORT HAYWOOD**

State

**VA**

Zip Code

**23138**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

**004 ADVERTISING**

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**09 / 18 / 2020**

Amount of Each Receipt this Period

**225.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

**225.00**

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

**5150.00**

**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 OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MATHEWS COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

**A. BIDEN FOR PRESIDENT**

Mailing Address  
P.O. BOX 58174

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
JOSEPH BIDEN

Office Sought: ☐ House ☐ Senate ☒ President  
Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2020

FEC Identification Number

C 00682393

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RASHID FOR CONGRESS**

Mailing Address  
P.O. BOX 489

City GARRISONVILLE State VA Zip Code 22463

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
QUASIM RASHID

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 1ST

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2020

FEC Identification Number

C 00682393

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST CONGRESSIONAL DISTRICT**

Mailing Address

City State Zip Code

Purpose of Disbursement  
PURCHASE CAMPAIGN SIGNS

Candidate Name  
JOSEPH BIDEN, MARK WARNER, QUASIM RASHID

Office Sought: ☒ House ☒ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☒ Other (specify) ▼

State: VA District: 1ST CONG DIST. SIGNS

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

C 00682393

Amount of Each Disbursement this Period

320.00

☐ Memo Item

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

4320.00

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



**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 OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

MATHEWS COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

**A. GLOUCESTER COUNTY DEMOCRATIC COMMITTEE**

Mailing Address

City

GLOUCESTER

State

VA

Zip Code

23061

Purpose of Disbursement

PURCHASE CAMPAIGN SIGNS

Candidate Name

JOSEPH BIDEN, KAMALA HARRIS

Office Sought:

☐ House

☐ Senate

☒ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

SIGNS

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2020

FEC Identification Number

C 00682393

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROWLEY, SHEILA**

Mailing Address

P.O. BOX 393

City

PORT HAYWOOD

State

VA

Zip Code

23138

Purpose of Disbursement

REIMB. FOR POST CARD PRINTING AND POSTAGE

Candidate Name

BIDEN, HARRIS, WARNER, RASHID

Office Sought:

☒ House

☒ Senate

☒ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) 003

CAMPAIGN POST CARD MAILING

State: VA

District: 1ST

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2020

FEC Identification Number

C 00682393

Amount of Each Disbursement this Period

749.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

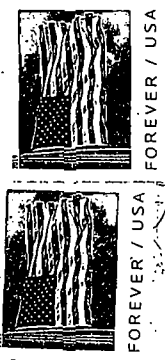
949.25

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

5269.25

P.O. Box 1111  
Mathews VA ~~23109~~  
23109

POSTNET POST OFFICE



Federal Elections Commission  
1050 First Street NE  
Washington DC 20463

RECEIVED  
FEC MAIL CENTER  
2020 OCT 22 PM 1:47

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked N/A
	Date of Receipt 10/22/20
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SPM</i> PREPARER	10/23/20 DATE PREPARED

(3/2015)