

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2008 FEB 15 AM 8:27  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DEMOCRATS UNITED FOR PROGRESS

ADDRESS (number and street)

P.O. BOX 805

Check if different than previously reported. (ACC)

GUALALA

CA

95445-0805

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00429464

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

01 / 01 / 2006 through 12 / 31 / 2006

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

*J. Scott Grant* / J. Scott Grant

Signature of Treasurer

*J. Scott Grant*

Date

12 / 31 / 2007

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. 12/2004

28039634221

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATS UNITED FOR PROGRESS

Report Covering the Period:

From:

01' 01' 2006

To:

12' 31' 2006

**COLUMN A  
This Period**

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

6. (a) Cash on Hand  
January 1,

(b) Cash on Hand at  
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19).....

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

Total Disbursements (from Line 31).....

Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

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).....

28839634222



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATS UNITED FOR PROGRESS

Report Covering the Period: From:

01 / 01 / 2006

To:

12 / 31 / 2006

**I. Receipts**

**COLUMN A**  
Total This Period

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

- 11. Contributions (other than loans) From:
  - (a) Individuals/Persons Other Than Political Committees
    - (i) Itemized (use Schedule A).....
    - (ii) Unitemized.....
    - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶
  - (b) Political Party Committees.....
  - (c) Other Political Committees (such as PACs).....
  - (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶
- 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)).....▶
- 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*(This column is crossed out with a diagonal line)*

	786400
	0
	786400
	0
	0
	786400
	0
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	0
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	0
	0
	0
	0
	0
	0
	786400
	786400

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**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) .....
- 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) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....


7,864.00
<del>0</del>
7,864.00
3,010.34
<del>0</del>

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**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 1 OF 2

<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

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)

DEMOCRATS UNITED FOR PROGRES

Full Name (Last, First, Middle Initial)

A. ANDERSON, KARL

Mailing Address

PO BOX

City State Zip Code

Gualala CA 95445

Purpose of Disbursement

REIMBURSE OUT OF POCKET EXP

Candidate Name

N/A

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Program EXPENSES

Full Name (Last, First, Middle Initial)

Independent Mast Observer

Mailing Address

PO BOX 1000

City State Zip Code

Gualala CA 95445

Purpose of Disbursement

Advertising

Candidate Name

N/A

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Advertising

Full Name (Last, First, Middle Initial)

C. POSTMASTER

Mailing Address

City State Zip Code

Gualala CA 95445

Purpose of Disbursement

POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

POSTAGE

Date of Disbursement

10/02/2006

Amount of Each Disbursement this Period

486.40

Date of Disbursement

Various

Amount of Each Disbursement this Period

540.85

Date of Disbursement

Various

Amount of Each Disbursement this Period

Total 1419.38

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

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

[Empty box for subtotal]

[Empty box for total]

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**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 2 OF 2

<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

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)

Democrats United For Progress

Full Name (Last, First, Middle Initial)

A. Gwala Community Center

Mailing Address

PO Box 263

City

Gwala

State

CA

Zip Code

95445

Purpose of Disbursement

RENT FOR Meeting Hall

Candidate Name

N/A

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

RENT

State:

District:

Date of Disbursement

Various

MM / DD / YYYY

Amount of Each Disbursement this Period

310

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

28039634227

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  
2/6/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
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

 2/15/08  
PREPARER DATE PREPARED

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