

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2016 JAN 27 PM 12:09
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

BEAVER COUNTY DEMOCRAT COMMITTEE

ADDRESS (number and street) 215 OVERLOOK DRIVE

Check if different than previously reported. (ACC) BEAVER FALLS PA 15010

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 M M / D D / Y Y Y Y in the State of

5. Covering Period 07 01 2015 through 12 31 2015

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 GAYE ANN ICE

Signature of Treasurer *Gaye Ann Ice* Date 01 12 2016

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

2016-01-27 10:00:14

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BEAVER COUNTY DEMOCRAT COMMITTEE

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 07 / 01 / 2015 To: ^{M M / D D / Y Y Y Y} 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 0		
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(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).....	0	
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY

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).....	, , - 0	, , - 0
(ii) Unitemized	, , - 0	, , - 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, , - 0	, , - 0
(b) Political Party Committees	, , - 0	, , - 0
(c) Other Political Committees (such as PACs).....	, , - 0	, , - 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, , - 0	, , - 0
12. Transfers From Affiliated/Other Party Committees.....	, , - 0	, , - 0
13. All Loans Received	, , - 0	, , - 0
14. Loan Repayments Received.....	, , - 0	, , - 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, , - 0	, , - 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, , - 0	, , - 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	, , - 0	, , - 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, , - 0	, , - 0
(b) Levin Funds (from Schedule H5).....	, , - 0	, , - 0
(c) Total Transfers (add 18(a) and 18(b))..	, , - 0	, , - 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, , - 0	, , - 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, , - 0	, , - 0

NON-FEDERAL TRANSFERS

DETAILED SUMMARY PAGE
of Disbursements

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	<input type="text" value="0"/>	<input type="text" value="0"/>
(ii) Non-Federal Share.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Other Federal Operating Expenditures	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	<input type="text" value="0"/>	<input type="text" value="0"/>
22. Transfers to Affiliated/Other Party Committees.....	<input type="text" value="0"/>	<input type="text" value="0"/>
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	<input type="text" value="0"/>	<input type="text" value="0"/>
24. Independent Expenditures (use Schedule E)	<input type="text" value="0"/>	<input type="text" value="0"/>
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	<input type="text" value="0"/>	<input type="text" value="0"/>
26. Loan Repayments Made.....	<input type="text" value="0"/>	<input type="text" value="0"/>
27. Loans Made.....	<input type="text" value="0"/>	<input type="text" value="0"/>
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Political Party Committees	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Other Political Committees (such as PACs).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
29. Other Disbursements	<input type="text" value="0"/>	<input type="text" value="0"/>
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	<input type="text" value="0"/>	<input type="text" value="0"/>
(ii) "Levin" Share.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Federal Election Activity Paid Entirely With Federal Funds	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	<input type="text" value="0"/>	<input type="text" value="0"/>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	<input type="text" value="0"/>	<input type="text" value="0"/>

NON-FEDERAL SHARE

**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	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
BEAVER COUNTY DEMOCRAT COMMITTEE

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ , , . **0**

TOTAL This Period (last page this line number only)..... ▶ , , . **0**

2010-01-27 09:00:00 AM

**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
	<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 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)
BEAVER COUNTY DEMOCRAT COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial)

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

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

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

2010-01-27 09:00:11 AM

PAYE Ann LCE

215 Overlook Dr.
Beaver Falls, Pa.

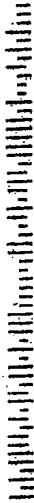
15010

Federal Election Commission
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Washington, DC

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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Shipping Date

Overnight Delivery Service (Specify):

Next Business Day Delivery

Date of Receipt

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 or Postmarked

Other (Specify):

1/27/2016
 DATE PREPARED

PREPARER

MP

(3/2015)

20160115 10:00:00 AM