

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 JUL 18 A 10:13
Office Use Only

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

BEAVER COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street) 1011 BEECH ST

Check if different than previously reported. (AGC) AMPBRIDGE PA 15003

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 [] [] [] 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 04 01 2004 through 06 30 2004

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 JOHN P. ANTOLINE

Signature of Treasurer John P. Antoline Date 07 12 2004

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BEAVER COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

2004

1826

(b) Cash on Hand at
Beginning of Reporting Period

501826

(c) Total Receipts (from Line 19)

00

500000

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

501826

501826

7. Total Disbursements (from Line 31)

435000

435000

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

66826

66826

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

00



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. 02/2008)

Write or Type Committee Name

BEAVER COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

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)

00
00
00
00
00

00
500000
00

- (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)

00

500000

12. Transfers From Affiliated/Other Party Committees

00

00

13. All Loans Received

00

00

14. Loan Repayments Received

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

00

00

17. Other Federal Receipts (Dividends, Interest, etc.)

00

00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3)

00

00

- (b) Levin Funds (from Schedule H5)

00

00

- (c) Total Transfers (add 18(a) and 18(b))

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

00

500000

20. Total Federal Receipts (subtract Line 16(c) from Line 19)

00

500000

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	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00	00
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	435000	435000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	435000	435000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	435000	435000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2009)

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)	00	500000
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	500000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	500000

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:			PAGE	OF
<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	<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)

BEAVER COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Receipt

____ / ____ / ____

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C _____

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

____ / ____ / ____

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C _____

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

____ / ____ / ____

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C _____

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

_____ 06
_____ 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)

<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"/> 28	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEAVER COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

ALQUIPPA DEMOCRATIC COMMITTEE

04, 21, 2004

Mailing Address

City State Zip Code

Purpose of Disbursement **POLL WORKERS**

Category/Type

Amount of Each Disbursement this Period
675.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

AMBRIDGE DEMOCRATIC COMMITTEE

04, 21, 2004

Mailing Address

City State Zip Code

Purpose of Disbursement **POLL WORKERS**

Category/Type

Amount of Each Disbursement this Period
375.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

BADEN DEMOCRATIC COMMITTEE

04, 21, 2004

Mailing Address

City State Zip Code

Purpose of Disbursement **POLL WORKERS**

Category/Type

Amount of Each Disbursement this Period
225.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1275.00

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 <u>2</u> OF <u>4</u>	
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	25
					28b	<input type="checkbox"/>	28c
						<input type="checkbox"/>	29

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NAME OF COMMITTEE (In Full)
BEAVER COUNTY DEMOCRATIC COMMITTEE

A. BEAVER FALLS DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: **POLL WORKERS**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **09** / **21** / **2004**

Amount of Each Disbursement this Period: **450.00**

B. ECONOMY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: **POLL WORKERS**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **09** / **21** / **2004**

Amount of Each Disbursement this Period: **375.00**

C. HARMONY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: **POLL WORKERS**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **09** / **21** / **2004**

Amount of Each Disbursement this Period: **225.00**

SUBTOTAL of Disbursements This Page (optional) **1050.00**

TOTAL This Period (last page this line number only) **1050.00**

**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)

<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

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NAME OF COMMITTEE (In Full)

BEAVER COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

A. HOPEWELL DEMOCRATIC COMMITTEE

Date of Disbursement

04 / 21 / 2004

Mailing Address

Amount of Each Disbursement this Period

675.00

City

State Zip Code

Purpose of Disbursement

POLL WORKERS

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 / 21 / 2004

B. MIDLAND DEMOCRATIC COMMITTEE

Mailing Address

Amount of Each Disbursement this Period

225.00

City

State Zip Code

Purpose of Disbursement

POLL WORKERS

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 / 21 / 2004

C. MONACA DEMOCRATIC COMMITTEE

Mailing Address

Amount of Each Disbursement this Period

375.00

City

State Zip Code

Purpose of Disbursement

POLL WORKER

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1275.00

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 4 OF 4				
<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

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NAME OF COMMITTEE (in Full)
BEAVER COUNTY DEMOCRATIC COMMITTEE

A. NORTH SEWICKLEY DEMOCRATIC COMM.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement: **POLL WORKERS**

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **04' 21' 2004**

Amount of Each Disbursement this Period: **375.00**

B. ROCHESTER BOBO DEMOCRATIC COMM.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement: **POLL WORKERS**

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **04' 21' 2004**

Amount of Each Disbursement this Period: **300.00**

C. VANPORT DEMOCRATIC COMMITTEE

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) ▼

Date of Disbursement: **04' 21' 2004**

Amount of Each Disbursement this Period: **75.00**

SUBTOTAL of Disbursements This Page (optional) **750.00**

TOTAL This Period (last page this line number only) **4350.00**

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7-14-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> No Postmark	Shipping Date
<input type="checkbox"/> Overnight Delivery Service (Specify):	Date of Receipt
<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>JMP</i> PREPARER	7-18-04 DATE PREPARED