

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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) 5429 Madison Avenue

Check if different than previously reported. (ACC) Sacramento CA 95841

2. **FEC IDENTIFICATION NUMBER ▼** C00429464 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 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 Y Y in the State of CA

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 through M M / D D / Y Y Y Y Y Y 11 / 24 / 2014

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 Rita Copeland

Signature of Treasurer Rita Copeland *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Democrats United For Progress

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="3385.93"/> | <input type="text" value="3385.93"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2517.67"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="2485.00"/> | <input type="text" value="5408.61"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="5002.67"/> | <input type="text" value="8794.54"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="970.76"/> | <input type="text" value="4762.63"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="4031.91"/> | <input type="text" value="4031.91"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

Write or Type Committee Name

Democrats United For Progress

Report Covering the Period: From: / / To: / /

| 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)..... | 1420.00 | 2212.80 |
| (ii) Unitemized | 1065.00 | 3195.81 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 2485.00 | 5408.61 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 2485.00 | 5408.61 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 2485.00 | 5408.61 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 2485.00 | 5408.61 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 | 377.38 | 2008.19 |
| (ii) Non-Federal Share..... | 377.38 | 2008.23 |
| (b) Other Federal Operating Expenditures | 216.00 | 746.21 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 970.76 | 4762.63 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 970.76 | 4762.63 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 593.38 | 2754.40 |

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) | 2485.00 | 5408.61 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2485.00 | 5408.61 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 593.38 | 2754.40 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 593.38 | 2754.40 |

**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 6 OF 11 |
| <input checked="" 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)
Democrats United For Progress

A. Rosemary Campiformio
Full Name (Last, First, Middle Initial)
Mailing Address 45300 Seaside School Road

| | | |
|-----------------|-------------|-------------------|
| City Gualala | State CA | Zip Code 95445 |
|-----------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Rosemary Campiformio | Occupation Realtor |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 17 | | 2014 |

Transaction ID : INCA151

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

B. Rosemary Campiformio
Full Name (Last, First, Middle Initial)
Mailing Address 45300 Seaside School Road

| | | |
|-----------------|-------------|-------------------|
| City Gualala | State CA | Zip Code 95445 |
|-----------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Rosemary Campiformio | Occupation Realtor |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 17 | | 2014 |

Transaction ID : INCA150

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

C. Drew Fagan
Full Name (Last, First, Middle Initial)
Mailing Address 31701 S Highway 1

| | | |
|-----------------|-------------|-------------------|
| City Gualala | State CA | Zip Code 95445 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------------|------------------------------|
| Name of Employer Drew Fagan | Occupation Business Owner |
|--------------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **353.61**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 17 | | 2014 |

Transaction ID : INCA154

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 270.00 |
| 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: (check only one) | PAGE 7 OF 11 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Democrats United For Progress

A. Paula Hawthorn
Full Name (Last, First, Middle Initial)
Mailing Address 5469 Kales Avenue
City State Zip Code
Concord CA 94518
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
n/a Retired
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : INCA145
Amount of Each Receipt this Period
250.00

B. Richard A. Hughes
Full Name (Last, First, Middle Initial)
Mailing Address 42315 Leewood Road
City State Zip Code
Gualala CA 95445
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Hughes Consulting Owner
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : INCA135
Amount of Each Receipt this Period
250.00

C. Kenneth Jowers
Full Name (Last, First, Middle Initial)
Mailing Address Post Office Box 896
City State Zip Code
Point Arena CA 95468
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Physical Gym & Fitness Center Business Owner
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : INCA146
Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
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: (check only one) | PAGE 8 OF 11 |
| | <input checked="" 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)
Democrats United For Progress

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Robert A. Nelson | | Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014 Transaction ID : INCA147 |
| Mailing Address 30150 S Highway 1 | | Amount of Each Receipt this Period 100.00 |
| City Gualala | State CA | Zip Code 95445 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Robert A. Nelson, M.D. | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Bonnie L. Noble | | Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 Transaction ID : INCA160 |
| Mailing Address 30401 S. Highway 1 | | Amount of Each Receipt this Period 250.00 |
| City Gualala | State CA | Zip Code 95445 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Ondina Group | Occupation Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 350.00 |
| TOTAL This Period (last page this line number only).....▶ | 1420.00 |

**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 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 |

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NAME OF COMMITTEE (In Full)
Democrats United For Progress

Full Name (Last, First, Middle Initial)

A. Independent Coast Observer

Mailing Address 38500 Highway 1

City Gualala State CA Zip Code 95445

Purpose of Disbursement
Print Ad

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB159

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
 Democrats United For Progress

Transaction ID : H1:1

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or
If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
 Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democrats United For Progress

| | | | | | |
|---|-------------|-------------------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) Franny's Cup and Saucer | | Transaction ID : EXPH4163 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address Post Office Box 769 | | | | | |
| City Point Arena | State CA | Zip Code 95468 | | | |
| Purpose of Disbursement: Food | | 001 | | Allocated Activity or Event Year-To-Date 4016.42 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | | | |
| <input type="text" value="119.00"/> | | <input type="text" value="119.00"/> | | <input type="text" value="238.00"/> | |

| | | | | | |
|--|-------------|-------------------------------------|--|--|--|
| B. Full Name (Last, First, Middle Initial) River City Business Services | | Transaction ID : EXPH4162 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 5429 Madison Avenue | | | | | |
| City Sacramento | State CA | Zip Code 95841 | | | |
| Purpose of Disbursement: Bookkeeping, Postage, Copies and Software Fee | | 001 | | Allocated Activity or Event Year-To-Date 4016.42 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | | | |
| <input type="text" value="258.38"/> | | <input type="text" value="258.38"/> | | <input type="text" value="516.76"/> | |

| | | | | | |
|---|-------|----------------------|--|---|--|
| C. Full Name (Last, First, Middle Initial) | | | | Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address | | | | | |
| City | State | Zip Code | | | |
| Purpose of Disbursement: | | <input type="text"/> | | Allocated Activity or Event Year-To-Date | |
| Activity or Event Identifier: | | Category/ Type | | Date <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="377.38"/> | | <input type="text" value="377.38"/> | | <input type="text" value="754.76"/> |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text" value="377.38"/> | <input type="text" value="377.38"/> | <input type="text" value="754.76"/> |