FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example:If typing, type over the lines

People's House PAC

ADDRESS (number and street)

PO Box 685

Check if different than previously reported. (ACC)

Madison | WI | 53701 –

2. **FEC IDENTIFICATION NUMBER** C00410092

CITY STATE ZIPCODE

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report(Q1)
- [ ] July 15 Quarterly Report(Q2)
- [X] October 15 Quarterly Report(Q3)
- [ ] January 31 Quarterly 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 (12G)
- [ ] 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 07 01 2009 through 09 30 2009

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 Mr. Michael F. Childers

Signature of Treasurer Electronically Filed by Mr. Michael F. Childers Date 10 15 2009

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

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