

2010 JUN -7 AM 11:24

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

FIFTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street)

323A NEVADA



Check if different than previously reported. (ACC)

ST CHARLES

LA

70249

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

06

08

2010

In the State of

LA

(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

2010

through

05

27

2010

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

Don Roby

Signature of Treasurer

Don Roby

Date

06

02

2010

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

10030343366

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period: From:

04 ' 01 ' 2010

To:

05 ' 27 ' 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		042478
(b) Cash on Hand at Beginning of Reporting Period.....	435571	
(c) Total Receipts (from Line 19).....	504000	504000 633302
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	939571	946478
7. Total Disbursements (from Line 31).....	633302	640209
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	306269	306269
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

10030343367

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2010

To:

MM / DD / YYYY
05 / 27 / 2010

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).....

1,000.00

1,000.

(ii) Unitemized.....

4,940.00

4,940.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5,040.00

5,040.00

(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).....▶

5,040.00

5,040.00

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

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)).....▶

5,040.00

5,040.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

5,040.00

5,040.00

10030343368

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	98802	1,057.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	98802	1,057.09
22. Transfers to Affiliated/Other Party Committees.....	3,450.00	3,450.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	5,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,333.02	6,402.09

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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)	50,400.00	50,400.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50,400.00	50,400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	988.02	1,057.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	988.02	1,057.09

10030343370

**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	<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

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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
USW LOCAL 310 L

Mailing Address
P.O. Box 4013

City **Des Moines,** State **IA** Zip Code **50333**

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

Name of Employer **NIA** Occupation **NIA**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / 04 / 2000

Amount of Each Receipt this Period
10.00

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

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

Amount of Each Receipt this Period

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

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

100.00

10030343371

**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

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARTER PAINTING		Date of Disbursement
Mailing Address 1739 E. GRAND AVE		04 / 15 / 2010
City DES MOINES	State IA	Zip Code 50316
Purpose of Disbursement PRINTING	Category/Type	Amount of Each Disbursement this Period 8156
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

B. GENTH DEAN		Date of Disbursement
Mailing Address 5 CREEKSIDE G.		04 / 23 / 2010
City MASON CITY	State IA	Zip Code 50401
Purpose of Disbursement DECORATIONS	Category/Type	Amount of Each Disbursement this Period 7062
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

C. NORTH IOWA FAIR		Date of Disbursement
Mailing Address 3700 4TH ST. SW		04 / 23 / 2010
City MASON CITY	State IA	Zip Code 50401
Purpose of Disbursement RENT	Category/Type	Amount of Each Disbursement this Period 37500
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

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

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

52718

1003034372

**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 3
	<input type="checkbox"/> 21b	<input checked="" 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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A.

Full Name (Last, First, Middle Initial): **ANAMAYES G. DEMS**

Mailing Address: **1627 BRADY DR.**

City: **WATERVILLE** State: **IA** Zip Code: **52170**

Purpose of Disbursement: **REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 / 30 / 2010**

Amount of Each Disbursement this Period: **4000**

B.

Full Name (Last, First, Middle Initial): **BOONE G. DEMOCRATS**

Mailing Address: **1416 SE LINN ST**

City: **BOONE** State: **IA** Zip Code: **50036**

Purpose of Disbursement: **REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 / 30 / 2010**

Amount of Each Disbursement this Period: **7000**

C.

Full Name (Last, First, Middle Initial): **EMMOTT G. DEMS**

Mailing Address: **18 ALEXANDER RD.**

City: **ESTERVILLE** State: **IA** Zip Code: **51334**

Purpose of Disbursement: **REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 / 30 / 2010**

Amount of Each Disbursement this Period: **2500**

SUBTOTAL of Disbursements This Page (optional).....▶ **13500**

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

10030343374

**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 **3**

<input type="checkbox"/> 21b	<input checked="" 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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) **FRANKLIN G. DEMS**

Mailing Address **608 CAYDIGGER RUN**

City **SHEFFIELD** State **IA** Zip Code **50475**

Purpose of Disbursement **REIMBURSEMENT**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement **04 / 30 / 2010**

Amount of Each Disbursement this Period **2500**

Category/Type _____

B. Full Name (Last, First, Middle Initial) **FRANCOCK G. DEMS**

Mailing Address **611 6TH ST. SW**

City **BRITT** State **IA** Zip Code **50423**

Purpose of Disbursement **REIMBURSEMENT**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement **04 / 30 / 2010**

Amount of Each Disbursement this Period **2500**

Category/Type _____

C. Full Name (Last, First, Middle Initial) **HARDIN G. DEMS**

Mailing Address **11 100 MAPLEWREST DR**

City **IOWA FALLS** State **IA** Zip Code **50126**

Purpose of Disbursement **REIMBURSEMENT**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement **04 / 30 / 2010**

Amount of Each Disbursement this Period **4000**

Category/Type _____

SUBTOTAL of Disbursements This Page (optional).....▶ **9000**

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

10030343375

**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 3 OF 3

<input type="checkbox"/> 21b	<input checked="" 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)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. KOSUTH G. DEMS		Date of Disbursement
Mailing Address 31 SCHUTTEE GREEN		04 / 30 / 2010
City ARGONNA	State IA	Zip Code 50511
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1000
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

B. WINNESHIEK G. DEMS		Date of Disbursement
Mailing Address 909 VERNON ST		04 / 30 / 2010
City JACKSON	State IA	Zip Code 52101
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 5500
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

C. WEIGHT G. DEMS		Date of Disbursement
Mailing Address 2115 Hwy 69		04 / 30 / 2010
City CAMON	State IA	Zip Code 50527
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 2500
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

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

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

120.00
36500

10030343376

**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 checked="" 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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MASKE FOR CONGRESS

Mailing Address
P.O. Box 20

City
TRURO State
IA Zip Code
50257

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MASKE, BILLY DALE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **IA** District: **4**

Date of Disbursement
09 / 10 / 2010

Amount of Each Disbursement this Period
500000

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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

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

500000

1003034337

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

USPS Registered/Certified Postmarked (R/C)
6/2/10

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

 6/7/10
 PREPARER DATE PREPARED

10030343378