12030981429

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

711010 FOsd Only AM 7: 06

1.	NAME OF		
	COMMITTEE	(in	full)

Only

FE6AN026

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5FEC MAIL CENTER

	Marcontrol datas, an even of the assessment to make the billion of the state of the			
DOUGLASS D115	TRIBUTING CARRIERS IMC POLITICAL			
ACTION GOMAI	TT, E, E, , , , , , , , , , , , , , , ,			
ADDRESS (number and street)	12.5, EAST, FOREST, AVENUE			
Check if different than previously reported. (ACC)	HERMAN 175090-			
2. FEC IDENTIFICATION NUMB	SER ▼ CITY ▲ STATE ▲ ZIP CODE ▲			
C 0,0,5,3,0,7.4,	3. IS THIS NEW AMENDED REPORT (N) OR (A)			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report			
(a) Quarterly Reparts:	(Non-Election Year Only)			
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P) General (12G) Runoff (12R)			
July 15 Quarterly Report (Q2) October 15	PRE-Election Report for the: Convention (12C) Special (12S)			
Quarterly Report (Q3) January 31	in the			
Year-End Report (YE) July 31 Mid-Year Report (Non-election	Election on State of (d) 30-Day			
Year Only) (MY)	POST-Election General (30G) Runoff (30R) Special (30S) Report for the:			
Termination Report (TER)	Election on III '05' 2012 in the State of TX			
5. Covering Period	1 1 3 1 20 1 2 through 1 1 0 6 20 1 2			
I certify that I have examined this R Type or Print Name of Treasurer	Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer _	TOTI INATIONI			
Signature of Treasurer	Matorbil Date 12 67 2012			
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	FEC FORM 3X Rev. 12/2004			

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FEC Form 3X (Rev. 02/2003) Write or Type Committee Name	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	RECEIVED Page 2
Douglass Distributing C		PCHER 14 COMA: HEE FEC MAIL CENTER
Report Covering the Period: From:	9 13 2012	o: [ii 06 2012
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		[
(b) Cash on Hand at Beginning of Reporting Period		••
(c) Total Receipts (from Line 19)		0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Celumn A and Lines 6(a) and 6(c) for Column B)		[
7. Total Disbursements (from Line 31)	٥٥٥	0.0.0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Debts and Obligations Owed TO the Committee (Itemize all on

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

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 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	Total This Period	Calendar fear-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share	000	0.00
	(b) Other Federal Operating		
	Expenditures		[
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	000	000
22.	Transfers to Affiliated/Other Party		
28.	CommitteesContributions to	<u></u>	
	Federal Candidates/Committees and Other Political Committees	000	0.00
24.	Independent Expenditures		
25.	(use Schedule E)	000	0.000
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0.0
26.	Loan Repayments Made	000	0.0.0
27.	Loans Made	000	000
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		0.00
	(c) Other Political Committees		
	(such as PACs)		<u> </u>
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	<u> </u>	
29.	Other Disbursements	600	0,0,0
20	Federal Election Activity (2 U.S.C. §431(20))		
00.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	<u></u>	
	(ii) "Levin" Share	0.0.0	0.00
	(b) Federal Election Activity Pald Entirely	000	0.60
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.0.0	000
31.	Total Disbursements (add Lines 21(c), 22,	Files	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		L
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	(0,0)	(2)

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)	200	
(from Line 11(d), page 3)		
34. Total Contribution Refunds	0.00	0.06
(from Line 28(d))	0,000 m	
35. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)		$[\underline{} $
36. Total Federal Operating Expenditures	202	
(add Line 21(a)(i) and Line 21(b))▶	0.0.0	0.00
37. Offsets to Operating Expenditures		
(frem Line 15, pege 3)	0.0.0	0.0.0
38. Net Operating Expenditures		
(subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A (FEC Form 3X)		ſ	. Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS			for each category of the	(check only one)
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stateme	ents ma	v not be sold or used by any per	
	for commercial purposes, other than using the name			
$\sqrt{}$	NAME OF COMMITTEE (In Full)			
/	Douglass Distribution Carr		In Palisa 1 1	alion Ommillion
<u>L</u>	Full Name (Last, First, Middle Initial)	IEVE	2 Inc tolation A	Gron Committee
A.	Ton Name (Last, 111st, Inicale Initial)			Date of Receipt
	Mailing Address			M 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	ate	Zip Code	la generalida anno de la companya de
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			
	Name of Employer	upation		
	Receipt For: Agg	regate	Year-to-Date ▼	1
	Primary aeneral	_	**************************************	
	Other (speeify) ▼	<u>~_~</u>	<u></u>	
 В.	Full Name (Last, First, Middle Initial)			Date of Descript
D.	Mailing Address	_		Date of Receipt
	Walling Address		_	
	City Sta	ate	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			
	Name of Employer Occi	upation		
	Receipt For:		Veer to Date W	4
	[] Agg	_	Year-to-Date ▼	
	Other (specify) ▼	A	<u> </u>	
c.	Full Name (Last, First, Middle Initial)			Date of Receipt
•	Mailing Address			W / D D / Y V V V V V
•	City St.	ate	Zip Code	
	Only On	ale	Zip Gode	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			
	federal political committee.		<u></u>	<u>Larger agent</u>
	Name of Employer Occi	upation		
	Receipt For: Agg	regate	Year-to-Date ▼	†
	Primary General General	_	~~ ~~~~~~~~~~~~	
	Other (Specify) ▼	<u>r. </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Г				
s	SUBTOTAL of Receipts This Page (optional)		>	0.00
1	OTAL This Period (last page this line number only)			0.00

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SCHEDULE B (FEC Form 3X)	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBI	ER:	PAGE	OF
thedule(s) v of the	(check only one)			
ry Page	21b 722	2 23	24	25 26
ily i ago	27 28	Ba 28b	28c	29 30b

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 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) DOWN 055 DISTRIBUTION Full Name (Last, Eirst, Middle Initial)			4 0		
A			Date of Disbursement		
Mailing Address	-				
	State Zip Code				
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period		
	nent For: Primary General Other (specify)	Туре			
Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Disbursement		
City	State Zip Code				
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period		
State President District:	nent For: Primary ☐ General Other (specify) ▼				
Full Name (Last, First, Middle Initial) C.		i	Date of Disbursement		
Mailing Address					
- •	State Zip Code				
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	nent For: Primary ☐ General Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)	-	······ •	7.7.7.7.0.0.0		
TOTAL This Period (last page this line number only)			0,0,0		

SCHEDULE C (FEC Form 3X)	Use senarate schedule(s) PAGE OF
LOANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full) Douglass Distributing Carriers Inc Pol	itical Action Committee
LEAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General Other (specify) ▼
Mailing Address	
City State ZIP Coo	de
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
TERMS Date Incurred Date Due	Interest Rate Secured: """ (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
· ·	l

City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	<u>▶</u>
TOTALS This Period (last page in this line only)	► <u> </u>
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
Douglass Distributing Carriers In	nc Political Action	C 0.05.3.0.7.4.1		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name		<u> </u>		
Mailing Address שיישון / רְפִּייִם / איז און / אַריים / איז און / איז איז אין / איז איז אין / איז				
Date Incurred or Established				
City State Zip Code	Date Due	W.A.W. \ [\ [\ \ \ \ \ \ \ \		
A. Has loan been restructured? No Yes	If yes, date originally incurred	M "M ' (D " D) (Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:			
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?				
No Yes If yes, specify:		Does the lender have a perfected security		
	<u></u>	interest in it? No Yes		
E. Are any future contributions or future receipts of interection collateral for the loan? No Yes If yes, s	· -	What is the estimated value?		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).				
Date account established: Address:		ì		
City. State. Zip:				
		amount pladred does not equal or evered		
F. If reither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.				
G. COMMITTEE THEASURER	G. COMMITTEE THEASURER , DATE			
Typed Name Both Krotochvi Signature Ath Krotochvi				
H. Attach a signed copy of the loan agreement.				
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.				
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has 				
complied with the requirements set forth at 11 C	FR 100.82 and 100.142 in makir	ng this loan.		
AUTHORIZED REPRESENTATIVE		DATE		
Typed Name Signature Tit	tle	- [M_NM] \ [D_0] \ [A_AAAAAA]		

SCI	SCHEDULE D (FEC Form 3X)			(Use separate PAGE O		
DEBTS AND OBLIGATIONS			edule(s)	FOR LINE NUMBER:		
Excluding Loans			r each	(check only one)	9	
		numi	pered line)		10	
	ME OF COMMITTEE (In Full) Doualogs Distributing Carriers Inc. Political A	Action Co	mmillee	•		
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):		
			_			
ŀ	Mailing Address					
İ	INIGHING Addices					
Ī	City State Zip Code					
	Outstanding Balance Beginning This Period		•			
- 1						
	Amount Incurred This Period Payment This P			ng Balance at Close of		
İ			Į.		, and a second	
			Pharm. 13			
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose)		
-	Mailing Address					
	Walling Addition					
Ī	City State Zip Code					
Ī	Outstanding Balance Beginning This Period					
	Amount Incurred This Period Payment This P			ng Balance at Close of		
		Charles C				
		<u>/</u>	<u> </u>	<u></u>		
Ì	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):		
ĺ						
	DA TO A LA					
	Mailing Address					
ŀ	City State Zip Gode			•		
Ī	Outstanding Balance Beginning This Period					
1						
l	Amount Incurred This Period Payment This F	Period	Outstandi	ng Balance at Close of	f This Period	
1					,	
			[<u></u>			
Г				V V V V		
1)	SUBTOTALS This Period This Page (optional)	>	L	<u></u>	0.00	
		-			777	
2)	2) TOTALS This Period (last page this line number only)			ران کی کی		
3/	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
<u> "</u>	TOTAL OUTSTANDING LOANS HOLD Schedule O (last page only)		[
	ADD 2) and 3) and carry forward to appropriate line of Summary Page (las	st name only)			000	

SCHEDULE E (FEC Form 3X)			
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Douglass Distributing Carriers Inc. Political Action	Connittee C00530741		
Check if 24-hour report 48-hour report New report Amends report	[LM-7-M-J] / [LQ-7-Q-J] / [LA-7-A-7-A-7-A-7]		
Full Name (Last, First, Middle Initiäl) of Payee	Date		
Mailing Address	MACM / LOND / LANGUAGA		
	Amount		
City State Zip Code			
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	Date [Town] / [YYYYYY]		
Mailing Address	Amount		
City State Zip Code			
Purpose of Expenditure Category/ Type	Office Sought: House State:		
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	>		
(b) SUBTOTAL of Unitemized Independent Expenditures	··· > · [
(c) TOTAL Independent Expenditures	··· >		
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political		
Btth Kratou Date Signature	· [2] '0] '20] 2		

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Has your complittee been designated to make coordinated expenditures by a political party committee? YES ✓ No Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee ategory/ Type Mailing Address Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate 0,0,0 SUBTOTAL of Expenditures 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)

lacklacklack		
Douglass Distributing Carrier Inc. Political Action Committee		
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		
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or		
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		
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		

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) Douglass Distributing Carrier In Political RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method expenses must equal the federal proportion of monies raised.	TE SUPPORT	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommented where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commented and nonfederal candidates, regardless of whether there is a real allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER	EEDEDAL W	NONEEDEDAL e/
ACTIVITY IS: Fundraising Direct Gandidate Support	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %

Same as Previously Reported

Revised

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF	
		FORM 3V

NAME OF COMMITTEE (In Full)		, ,	
Douglass Distributing Co	urrier Inc. Political A	ction (onimittee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
	MUM / DOOD TOWN	0.00	
BREAKDOWN OF TRANSFER RECEIVED			
i) Total Administrative		[]	
ii) Generic Voter Drive			
iii) Exempt Activities			
iv) Direct Fundraising (List Activity or Event Iden	tifier)		
a)			
b)			
c) Total Amount Transferred For Direct Fundrai	sing		
v) Direct Candidate Support (List Activity or Eve	_		
V) Briefs Gardinate Support (Est Activity of Eve	ant identifier)		
a)			
		V	
b)			
c) Total Amount Transferred For Direct Candida	ate Support		
vi) Public Communications Referring Only to P	arty (Made by PAC)		
TOTALS FO	R BREAKDOWN OF TRANSFER RECE	IVED /	
TOTAL This Period (Administrative)			
TOTAL This Period (Generic Voter Drive)			
TOTAL This Period (Exempt Activities)		~_^	
TOTAL This Period (Direct Fundraising)		·	
TOTAL This Period (Direct Cardidate Support)			
TOTAL This Period (Public Communications Referring	Only to Party)		
TOTAL This Period (Total Amount Transferred)			

SCHEDULE H4 (FEC Form 3X)

	SBURSEMENTS FOR ALLOCATED		PAGE OF
	EDERAL/NONFEDERAL ACTIVITY		FOR LINE 21a OF FORM 3X
N/	AME OF COMMITTEE (In Full)	1	
	Douglass Astributing Carrier, Inc. Political	Hetron	Allocated Activity or Event:
۱.	Full Name (Last, First, Middle Initial)		Administrative Fundralsing Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date Duran / Duran / Yty Yuy
	FEDERAL SHARE + NONFEDERAL SHA	ARE	= TOTAL AMOUNT
		~~_	
 3.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	~~~~~	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		
		Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL SHA	ARE	= TOTAL AMOUNT
		,,_,_	
.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date MYM / DBD / YUYUY
	FEDERAL SHARE + NONFEDERAL SHA	ARE	= TOTAL AMOUNT
		~	
<u>-</u>	INPTOTAL of Allegated Enderel and NonEnderel Activity This Dags		
J	UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHA	ARE	= TOTAL AMOUNT
		0.00	
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Nor FEDERAL SHARE NONFEDERAL SHA	nFederal sha	
	0.00	<u></u> [0].0]0	0.00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and Local Party Committees Only)	FOR LINE 18b OF FORM 3X		
NAME OF COMMITTEE (In Full)			
Douglass Distributing Carrier Inc. Political Action Committee			
NAME OF ACCOUNT DATE OF RECEIPT N/A N/A	TOTAL AMOUNT TRANSFERRED		
	[
BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION			
i) Voter Registration Total Amount Transferred for Voter Registration			
ii) Voter ID	OTER ID		
Total Amount Transferred for Voter ID			
iii) GOTV Total Amount Transferred for GOTV	GOTV		
	GENERIC CAMPAIGN ACTIVITY		
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity			
NAME OF ACCOUNT DATE OF RECEIPT A / / A	TOTAL AMOUNT TRANSFERRED		
	0.00		
BREAKDOWN OF THIS TRANSFER VOTER REGISTR	MATION		
i) Voter Registration	V - V - V		
	OTER ID		
ii) Voter ID Total Amount Trænsferred for Voter ID			
iii) GOTV	GOTV		
Total Amount Transferred for GOTV	_g		
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY		
Total Amount Transferred for Generic Campaign Activity	<u></u>		
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)		
	~~~~		
TOTAL This Period (Voter Registration)	0-0-0		
TOTAL This Period (Voter ID)			
TOTAL This Period (GOTV)	0_00		
TOTAL This Period (Generic Campaign Activity)	<u></u>		
TOTAL This Period (Total Amount of Transfers Received)			

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)				
Douglass Distributing Cornier Inc. Political Action Committee				
A. Full Name (Last, First, Middle Inflial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
City State Zip Code				
Purpose of Disbursement	Category/ Type Date Mark / Date / Yarary			
FEDERAL SHARE + LEVIN	SHARE = TOTAL AMOUNT			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement	Category/ Date Date			
FEDERAL SHARE + LEVIN	SHARE = TOTAL AMOUNT			
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Begistration GOTV			
	Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement	Category/ Type Date Date			
FEDERAL SHARE + LEVII	N SHARE = TOTAL AMOUNT			
Language Lan				
SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE + LEVII	N SHARE = TOTAL AMOUNT			
0-00				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT				
000	N SHARE			
TOTAL This Period for the Levin Share	الأمرق بـ إ			

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

1	NAME OF COMMITTEE (In Full) Douglass Distributing Carrier Inc Political Action Committee				
NAME OF ACCOUNT					
	`	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)				
	(b) Unitemized				
	(c) Total	Lannan			
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID				
	(c) GOTV				
	(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	Children			
8.	RECEIPTS				
9.	SUBTOTAL (Add Lines/7 and 8)				
10.	DISBUDISEMENTS				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

-	PAGE	OF
FOR LINE NUMBER: check only one)	1a	2

HEMIZED RECEIPTS OF LEVIN FUNDS	Aggregation Page	(check only one) 1a 2
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		4
Douglass Distributing Carrier Inc. Full Name (Last, First, Middle Initial) Full Organization Name	. Political Action	Committee
A .	3	Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	The state of the s	
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name B.	Date of Receipt	
Mailing Address		
City Si	ate Zip Çode	Amount of Each Receipt this Period
•	2.5 9.55	7_7_7_7_7_7_7_7
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Receipt
Mailing Address		MAM / DAD / AAAAAA
City	ate Zip Code	Amount of Each Receipt this Period
	1/1/2	<u></u>
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation	1	
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
Mailing Address		
City	tate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		L. r. J. r. r. J. r. r. r. r.
Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	•	
TOTAL This Period (last page this line number only)		

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SCHEDULE L-B (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER	R: PA	GE	OF
(check only one)		∏ _{4c}	□ 5
}-	┪ ┈	H**	⊔٥
	_ _ 4b	<u></u> 4d	

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5 4b 4d			
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) Douglass Distributing Carrier Inc.	Committee				
Full Name (Last, First, Middle Initial) / Full Organization Name A.	·	Date of Disbursement			
Mailing Address					
City State	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement			
Mailing Address		MAM (DAD) (AAAAAA			
City State	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement			
Mailing Address		WAW \ DAD \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
City	Zip Code	Amount of Each Disbursement this Period			
Purpage of Dispursement					
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement			
Mailing Address					
City	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
Full Name (Last, First, Middle Initial), / Full Organization Name	1	Date of Disburgoment			
Mailing Address		MAM , DAD , LARATAA			
City State	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
SUBTOTAL of Disbursements This Page (optional)	•				
TOTAL This Period (last page this line number only)					

(3/2005)

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **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): DATE PREPARED