

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

RECEIVED Page 2

Write or Type Committee Name

Douglass Distributing Carriers Inc. Political Action Committee

Report Covering the Period:

From:

09 ' 13 ' 2012

To:

FEC MAIL CENTER
11 ' 06 ' 2012

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1,	2012	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	0.00	0.00
(c) Total Receipts (from Line 19)	0.00	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.00	0.00	0.00
7. Total Disbursements (from Line 31)	0.00	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	0.00	0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	0.00	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

12030981430

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	000	000
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	000	000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

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**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)

Douglas Distributing Carriers Inc Political Action Committee

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

0.00

TOTAL 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 NUMBER:
(check only one)

PAGE OF

<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	<input type="checkbox"/> 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)

Douglas Distributing Carriers Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

0.00

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

0.00

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SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Douglas Distributing Carriers Inc Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

--	--	--

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY	MM / DD / YYYY	____ % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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
City State ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)..... ▶

	0.00
--	------

TOTALS This Period (last page in this line only)..... ▶

	0.00
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ___ of Schedule C

NAME OF COMMITTEE (In Full) <i>Douglas Distributing Carriers Inc Political Action Committee</i>	FEC IDENTIFICATION NUMBER C 00530741
--	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

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 must 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: What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
 Date account established: Address:
 City, State, Zip:

F. If neither 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 TREASURER Typed Name <i>Beth Kratochvil</i> Signature <i>Beth Kratochvil</i>	DATE 12 / 01 / 2012
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. 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 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Douglas Distributing Carriers Inc Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0.00

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) **Douglas Distributing Carriers Inc. Political Action Committee**

FEC IDENTIFICATION NUMBER **C00530741**

Check if 24-hour report 48-hour report New report Amends report filed on

12030981438

~~Full Name (Last, First, Middle Initial) of Payee~~

~~Mailing Address~~

~~City State Zip Code~~

~~Purpose of Expenditure~~

~~Name of Federal Candidate Supported or Opposed by Expenditure:~~

~~Calendar Year-To-Date Per Election for Office Sought~~

~~Date~~

~~Amount~~

~~Office Sought: House Senate President~~

~~Check One: Support Oppose~~

~~Disbursement For: Primary General Other (specify)~~

~~Full Name (Last, First, Middle Initial) of Payee~~

~~Mailing Address~~

~~City State Zip Code~~

~~Purpose of Expenditure~~

~~Name of Federal Candidate Supported or Opposed by Expenditure:~~

~~Calendar Year-To-Date Per Election for Office Sought~~

~~Date~~

~~Amount~~

~~Office Sought: House Senate President~~

~~Check One: Support Oppose~~

~~Disbursement For: Primary General Other (specify)~~

(a) SUBTOTAL of Itemized Independent Expenditures..... **0.00**

(b) SUBTOTAL of Unitemized Independent Expenditures **0.00**

(c) TOTAL Independent Expenditures..... **0.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Beth Kratochvil
Signature

Date **12 / 01 / 2012**

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
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <i>Douglass Distributing Carrier Inc. Political Action Committee</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/Type
Mailing Address		Date		Category/Type
City State Zip Code		Amount		Category/Type
Name of Federal Candidate Supported	Office Sought:	House	State:	Category/Type
		Senate	District:	
		Presidential		
Aggregate General Election Expenditure for this Candidate				
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/Type
Mailing Address		Date		Category/Type
City State Zip Code		Amount		Category/Type
Name of Federal Candidate Supported	Office Sought:	House	State:	Category/Type
		Senate	District:	
		Presidential		
Aggregate General Election Expenditure for this Candidate				
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/Type
Mailing Address		Date		Category/Type
City State Zip Code		Amount		Category/Type
Name of Federal Candidate Supported	Office Sought:	House	State:	Category/Type
		Senate	District:	
		Presidential		
Aggregate General Election Expenditure for this Candidate				

SUBTOTAL of Expenditures This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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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)

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

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

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Douglass Distributing Carrier Inc Political Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Douglass Distributing Carrier, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Allocated Activity or Event:

Mailing Address Administrative Fundraising Exempt

City State Zip Code Voter Drive Direct Candidate Support

Purpose of Disbursement: Public Comm (ref to party only) by PAC

Activity or Event Identifier: Allocated Activity or Event Year-To-Date

Category/Type

Date M M M / D D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) Allocated Activity or Event:

Mailing Address Administrative Fundraising Exempt

City State Zip Code Voter Drive Direct Candidate Support

Purpose of Disbursement: Public Comm (ref to party only) by PAC

Activity or Event Identifier: Allocated Activity or Event Year-To-Date

Category/Type

Date M M M / D D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Allocated Activity or Event:

Mailing Address Administrative Fundraising Exempt

City State Zip Code Voter Drive Direct Candidate Support

Purpose of Disbursement: Public Comm (ref to party only) by PAC

Activity or Event Identifier: Allocated Activity or Event Year-To-Date

Category/Type

Date M M M / D D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 0.00 = 0.00

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

0.00 0.00 = 0.00

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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)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Douglas Distributing Carrier Inc. Political Action Committee

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

0.00

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV.....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

0.00

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

0.00

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV.....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID).....

0.00

TOTAL This Period (GOTV).....

0.00

TOTAL This Period (Generic Campaign Activity).....

0.00

TOTAL This Period (Total Amount of Transfers Received).....

0.00

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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)

NAME OF COMMITTEE (In Full)
Douglass Distributing Carrier Inc. Political Action Committee

12030981445

~~A. 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~~

~~Category/Type~~

~~Purpose of Disbursement~~

~~Date~~

~~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~~

~~Category/Type~~

~~Purpose of Disbursement~~

~~Date~~

~~FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT~~

~~C. 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~~

~~Category/Type~~

~~Purpose of Disbursement~~

~~Date~~

~~FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT~~

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

0.00 + 0.00 = 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

0.00 0.00

TOTAL This Period for the Levin Share

LEVIN SHARE

0.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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)
Douglas Distributing Carrier Inc. Political Action Committee

Full Name (Last, First, Middle Initial) Full Organization Name

A.
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

B.
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

C.
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

D.
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

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

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N/A

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF
 (check only one) 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)

Douglas Distributing Carrier Inc Political Action Committee

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

12030981448

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Paul

PREPARER
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