

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

FEDERAL ELECTION COMMISSION OPERATIONS CENTER 2004 OCT 23 P 12:44 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines 12FE4M5 DEMOCRATS ABROAD FRANCE

Person: Jason Levin, c/o Donaldson ADDRESS (number and street) 105 rue de la Fontaine Paris, France Check if different than previously reported (AO): [] F5019

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 000271742 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Conversion, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2004 through 07 30 2004

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 Jason Levin

Signature of Treasurer [Signature] Date 10 15 2004

NOTE: Submission of false, misleading, 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**

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Page 2

Write or Type Committee Name

Democrats Abroad France

Report Covering the Period:

From:

07 01 2004

To:

09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2004</i>		6,987.52
(b) Cash on Hand at Beginning of Reporting Period.....	5,516.15	
(c) Total Receipts (from Line 19).....	9,230.03	9,230.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14,746.18	14,746.18
7. Total Disbursements (from Line 21).....	4,334.05	4,334.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	.	.
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	.	.
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	.	.

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

For further information contact:

Federal Election Commission
930 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 8X (Rev. 02/2008)

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Write or Type Contributor Name

Democrats Abroad France

Report Covering the Period:

From:

07 01 2009

To:

09 30 2009

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).....	,	,
(ii) Unitemized.....	, 9,230.03	, .
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 9,230.03	, 9,230.03
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 39, page 5).....▶	, 9,230.03	, 9,230.03
12. Transfers From Affiliated/Other Party Committees.....	,	,
13. All Loans Received.....	,	,
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)).....▶	, 9,230.03	, 9,230.03
20. Total Federal Receipts (subtract Line 19(c) from Line 19).....▶	, 9,230.03	, 9,230.03

DETAILED SUMMARY PAGE
of Disbursements

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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	9,334.05	9,334.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9,334.05	9,334.05
22. Transfers to Affiliated/Other Party Committees .....	.	.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	.	.
24. Independent Expenditures (use Schedule E) .....	.	.
25. Coordinated Party Expenditures (2 U.S.C. §441a(c)) (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(2)):		
(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)) ..	9,334.05	9,334.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9,334.05	9,334.05

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	☐ 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): Democrats Abroad France - No receipts over \$100 for this period

A.

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 _____

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) _____

**SCHEDULE B (FEC Form SX)
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"/> 30a

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NAME OF COMMITTEE (in Full) Democrats Abroad France

A

Full Name (Last, First, Middle Initial) Cathy Descaire

Mailing Address 22 Chemin de la Rousterie

City 78460 Chevrouse France State Zip Code

Purpose of Disbursement Reimbursements for mtg expenses

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 08 03 2004

Amount of Each Disbursement this Period 1,932.00

Category/Type _____

B

Full Name (Last, First, Middle Initial) La Poste

Mailing Address 6 rue Francois Bavin

City 75737 Paris cedex 15 State Zip Code

Purpose of Disbursement newsletter mailings

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 08 23 2004

Amount of Each Disbursement this Period 800.00

Category/Type _____

C

Full Name (Last, First, Middle Initial) Katherine Chassaign

Mailing Address _____

City Paris France State Zip Code

Purpose of Disbursement ads for water reg

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 09 06 2004

Amount of Each Disbursement this Period 3,682.00

Category/Type _____

SUBTOTAL of Disbursements This Page (optional) 6,414.00

TOTAL This Period (see page this line number only) 6,414.00

**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)				PAGE	OF
<input type="checkbox"/> 21a	<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"/> 28
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32

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NAME OF COMMITTEE (In Full) *Democrats Abroad France*

A. Full Name (Last, First, Middle Initial) *Charlotte Puckett*

Mailing Address _____

City *Paris, France* State _____ Zip Code _____

Purpose of Disbursement *rental / food for kick off*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *09 '27' 2004*

Amount of Each Disbursement this Period *257.00*

Category/Type _____

B. Full Name (Last, First, Middle Initial) *CMT Promotions*

Mailing Address *25 rue du Mont-Thabor*

City *75001 Paris* State _____ Zip Code _____

Purpose of Disbursement *May Newsletter*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *09 '30' 2004*

Amount of Each Disbursement this Period *368.12*

Category/Type _____

C. Full Name (Last, First, Middle Initial) *Copie Mt. Thabor*

Mailing Address *25 rue du Mont Thabor*

City *75001 Paris* State _____ Zip Code _____

Purpose of Disbursement *August Newsletter*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *09 '30' 2004*

Amount of Each Disbursement this Period *504.26*

Category/Type _____

SUBTOTAL of Disbursements This Page (optional) *1126.38*

TOTAL This Period (last page this Form number only) _____

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/15/09
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>EGC</i>	10/23/09 DATE PREPARED