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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

LUCKING COUNTY DEMOCRATIC WOMEN'S CAUCUS

ADDRESS (number and street)

PO BOX 91



Check if different than previously reported. (ACC)

NEWARK

OH 43055-0091

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00436725

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)

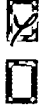


Oct 20 (M10)

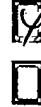


Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

11

08

2014

in the State of

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

19

2016

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

Ramela G Wilson

Signature of Treasurer

Ramela G Wilson

Date

10

25

2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Licking County Democratic Women's Caucus

Report Covering the Period:

From:

M M M ' D D D ' Y Y Y Y

10 ' 01 ' 2010

To:

M M M ' D D D ' Y Y Y Y

10 ' 12 ' 2010

**COLUMN A
This Period**

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

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



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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LITCHFIELD COUNTY DEMOCRATIC WOMEN'S CLAUUS

Report Covering the Period: From:

10 / 07 / 2014

To:

10 / 19 / 2015

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).....

11,200

11,140

(ii) Unitemized.....

129-

948-

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

241.20

20,620

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

241.20

20,620

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)).....▶

241.20

20,620

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

NON-FEDERAL CONTRIBUTIONS

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 Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share..... | 340.00 | 17,992.25 |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 340.00 | 17,992.25 |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 112.20 | 112.20 |
| 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)).. | 452.20 | 19,114.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 112.20 | 112.20 |

NOV 10 10 41 AM '03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

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

| | | |
|--|---------|---------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 241,120 | 206,270 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 452,20 | 191,45 |

2010-10-29 09:00:00

**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 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 |
| | <input type="checkbox"/> 12 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)
Licking County Democratic Women's Caucus

A. Full Name (Last, First, Middle Initial)
Weiser, Tim

Mailing Address
27 Barton Ave

City
Newark State
OH Zip Code
43025

FEC ID number of contributing federal political committee.
C

Name of Employer
Retired Occupation
None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
112.20

Date of Receipt
10 / 03 / 2012

Amount of Each Receipt this Period
112.20

In kind STAMPS

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) ▶ *112.20*

TOTAL This Period (last page this line number only) ▶ *112.20*

NON-FEDERAL CONTRIBUTION

**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)
Licking County Democratic Women's Caucus

A. Full Name (Last, First, Middle Initial) Albertson For Congress

Mailing Address PO Box 634

City Granville State OH Zip Code 43033

Purpose of Disbursement MAILING

Candidate Name ED ALBERTSON Category/Type 006

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 112.30

INLAND POSTAGE

B. Full Name (Last, First, Middle Initial) USPS

Mailing Address 70 E Church St

City Newark State OH Zip Code 43055

Purpose of Disbursement Postage

Candidate Name Category/Type 006

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

Amount of Each Disbursement this Period: 340.00

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____ Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional)..... 458.20

TOTAL This Period (last page this line number only)..... 458.20

2010-10-27 10:00:00 AM

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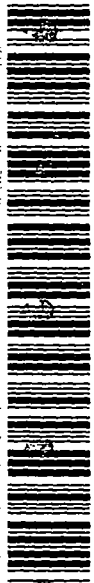


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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) wishes Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)

* Refer to USPS.com or local Post Office for availability.

PHONE ()

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- \$100.00 insurance included.

2016 OCT 27 AM 11:50

| ORIGIN (POSTAL SERVICE USE ONLY) | | DELIVERY (POSTAL SERVICE USE ONLY) | |
|---|---|------------------------------------|------|
| <input checked="" type="checkbox"/> 1-Day | <input type="checkbox"/> 2-Day | Delivery Attempt (MM/DD/YY) | Time |
| PO Zip Code | Scheduled Delivery Date (MM/DD/YY) | Delivery Attempt (MM/DD/YY) | Time |
| Date Accepted (MM/DD/YY) | Scheduled Delivery Time | Delivery Attempt (MM/DD/YY) | Time |
| Time Accepted | <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON | Delivery Attempt (MM/DD/YY) | Time |
| Weight (lbs. ozs.) | 10:30 AM Delivery Fee | Delivery Attempt (MM/DD/YY) | Time |
| Flat Rate | Return Receipt Fee | Delivery Attempt (MM/DD/YY) | Time |
| Insurance Fee | Live Animal Transportation Fee | Delivery Attempt (MM/DD/YY) | Time |
| Postage | Total Postage & Fees | Delivery Attempt (MM/DD/YY) | Time |
| Signature Required | Signature | Delivery Attempt (MM/DD/YY) | Time |
| Signature Required | Signature | Delivery Attempt (MM/DD/YY) | Time |

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EPT3F July 2013 OD: 12



Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

20161027 09:00:15 AM

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Priority Mail Express | Postmarked 10/26/2016 |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <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 *MP* 10/27/2016
 (3/2015) DATE PREPARED