

2010 AUG 16 AM 11:20

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

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street)

3239 NEVADA

Check if different than previously reported. (ACC)

ST CHARLES

IA

50240

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00374306

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)

- Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 IA

- (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 Ruy

Signature of Treasurer

Don Ruy

Date

08 / 11 / 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

10030410535

**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:

MM / DD / YYYY
04 / 01 / 2010

To:

MM / DD / YYYY
05 / 27 / 2010

10030410536

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2010		4,420.78
(b) Cash on Hand at Beginning of Reporting Period.....	4,355.71	
(c) Total Receipts (from Line 19).....	504,000	504,000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9,395.71	9,464.78
7. Total Disbursements (from Line 31).....	6,333.02	6,402.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,062.69	3,062.69
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

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: **04** / **01** / **2010** To: **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).....	100.00	100.00
(ii) Unitemized.....	4940.00	4940.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5040.00	5040.00
(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).....▶	5040.00	5040.00
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)).....▶	5040.00	5040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5040.00	5040.00

10030410537

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030410538

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	988.02	1,057.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	988.02	1,057.09
22. Transfers to Affiliated/Other Party Committees.....	345.00	345.00
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

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)	5040.00	5040.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5040.00	5040.00
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

10030410539

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

A. Full Name (Last, First, Middle Initial)
USW LOCAL 312 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 **N/A** Occupation **N/A**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.000

Date of Receipt
04 / 24 / 2010

Amount of Each Receipt this Period
10.000

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)..... ▶

10.000

10030410540

**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. CATER PRINTING		Date of Disbursement
Mailing Address 1739 E. GRAND		08 / 15 / 2010
City DES MOINES	State IA	Zip Code 50316
Purpose of Disbursement PRINTING, CONVENTION HALL		Amount of Each Disbursement this Period 8156
Candidate Name 001		
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. GENEVA JEAN		Date of Disbursement
Mailing Address 5 CREEKSIDE COURT		04 / 23 / 2010
City MASON CITY	State IA	Zip Code 50401
Purpose of Disbursement CONVENTION DECORATIONS		Amount of Each Disbursement this Period 7062
Candidate Name 001		
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		06 / 23 / 2010
City MASON CITY	State IA	Zip Code 50401
Purpose of Disbursement RENT, CONVENTION HALL		Amount of Each Disbursement this Period 37500
Candidate Name 001		
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).....▶

52718

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

10030410541

**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 **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. **HARRINGTON, Tom**

Mailing Address: **3916 Northridge Dr**

City: **Ames** State: **IA** Zip Code: **50014**

Purpose of Disbursement: **REIMBURSEMENT, CONVENTION SUPPLIES**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **00 / 24 / 2010**

Amount of Each Disbursement this Period: **345.45**

Category/Type: **0.0.1**

SEE ATTACHED BREAKDOWNS

Full Name (Last, First, Middle Initial)

B. **ROCK ANDY**

Mailing Address: **2818 OAKLAND**

City: **Ames** State: **IA** Zip Code: **50014**

Purpose of Disbursement: **REIMBURSEMENT, CONVENTION SUPPLIES**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 / 24 / 2010**

Amount of Each Disbursement this Period: **93.76**

Category/Type: **0.0.1**

Full Name (Last, First, Middle Initial)

C. **SOBY COUNTY DEMS**

Mailing Address: **3016 Northridge Dr**

City: **Ames** State: **IA** Zip Code: **50014**

Purpose of Disbursement: **REIMBURSEMENT, SOUND SYSTEM**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **00 / 30 / 2010**

Amount of Each Disbursement this Period: **25.00**

Category/Type: **0.0.1**

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

464.21

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

991.39

10030410542

**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

Full Name (Last, First, Middle Initial)

A. AWAMAKEE C. DEMS		Date of Disbursement
Mailing Address 1627 BRADY DR.		04 / 30 / 2010
City WATERVILLE	State IA	Amount of Each Disbursement this Period
Zip Code 52170		
Purpose of Disbursement DELEGATE REBATE		40.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. BOONE C. DEMOCRATS		Date of Disbursement
Mailing Address 1416 SE LINN ST.		04 / 30 / 2010
City BOONE	State IA	Amount of Each Disbursement this Period
Zip Code 50036		
Purpose of Disbursement DELEGATE REBATE		70.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. EMMETT C. DEMS		Date of Disbursement
Mailing Address 18 ALEXANDER ROAD		04 / 30 / 2010
City ESTHERVILLE	State IA	Amount of Each Disbursement this Period
Zip Code 51334		
Purpose of Disbursement DELEGATE REBATE		25.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

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

135.00

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

10030410543

**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

Full Name (Last, First, Middle Initial)

A. FRANKLIN Co. DEMS		Date of Disbursement
Mailing Address 608 CLAY DIGGER RD		04 / 30 / 2010
City SHEFFIELD	State IA	Amount of Each Disbursement this Period
Zip Code 50415		
Purpose of Disbursement DELEGATE REGATE		25.00
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. HAN COCK Co. DEMS		Date of Disbursement
Mailing Address 611 6TH ST. SW		04 / 30 / 2010
City BENT	State IA	Amount of Each Disbursement this Period
Zip Code 50423		
Purpose of Disbursement DELEGATE REGATE		25.00
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. HARDIN Co. DEMS		Date of Disbursement
Mailing Address 1140 MAPLE WALK DR.		04 / 30 / 2010
City IOWA FALLS	State IA	Amount of Each Disbursement this Period
Zip Code 50246		
Purpose of Disbursement DELEGATE REGATE		40.00
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

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

90.00

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

90.00

10030410544

**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)

<p>A. KOSSUTH Co. DEMS</p>		<p>Date of Disbursement</p> <p>04 ' 30 ' 2010</p>
<p>Mailing Address</p> <p>31 SCHUTTER DR.</p>		<p>Amount of Each Disbursement this Period</p> <p>40.00</p>
<p>City</p> <p>ALGONA</p>	<p>State</p> <p>IA</p>	
<p>Purpose of Disbursement</p> <p>DELEGATE REBATE</p>		<p>Category/Type</p>
<p>Candidate Name</p>		
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State:</p>	<p>District:</p>	

<p>B. WINNESHIEK Co. DEMS</p>		<p>Date of Disbursement</p> <p>04 ' 30 ' 2010</p>
<p>Mailing Address</p> <p>909 VERNON ST.</p>		<p>Amount of Each Disbursement this Period</p> <p>55.00</p>
<p>City</p> <p>DECORAH</p>	<p>State</p> <p>IA</p>	
<p>Purpose of Disbursement</p> <p>DELEGATE REBATE</p>		<p>Category/Type</p>
<p>Candidate Name</p>		
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State:</p>	<p>District:</p>	

<p>C. WRIGHT Co. DEMS</p>		<p>Date of Disbursement</p> <p>04 ' 30 ' 2010</p>
<p>Mailing Address</p> <p>2115 Hwy 6A</p>		<p>Amount of Each Disbursement this Period</p> <p>25.00</p>
<p>City</p> <p>CARSON</p>	<p>State</p> <p>IA</p>	
<p>Purpose of Disbursement</p> <p>DELEGATE REBATE</p>		<p>Category/Type</p>
<p>Candidate Name</p>		
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State:</p>	<p>District:</p>	

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

12000

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

345.00

10030410545

**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

Full Name (Last, First, Middle Initial)

<p>A.</p> <p>MASKE FOR CONGRESS</p> <p>Mailing Address P.O. Box 20</p> <p>City TYLER State IA Zip Code 50257</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MASKE, BILLY DALE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 4</p>		<p>Date of Disbursement</p> <p>05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>5,000.00</p>
--	--	--

<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>
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<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Amount of Each Disbursement this Period
5,000.00

10030410546

Reimbursement for Tom Harrington

Printing and stamps for 4th District

Convention and Fundraiser for Bill Maske

4/9/10	US Postal Service - stamps	44.00
4/9/10	US Postal Service - stamps	132.00
"	ISU-Memorial Union Print Center	63.80
"	"	6.50
"	Midwest Printing - envelopes	74.90
4/23/10	ISU Memorial Union Print Center	24.25
	Total	<u>\$ 345.45</u>

Ken C. Hyle April 23, 2010

✓ # 1065

04/24/10

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)
8/11/10

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



PREPARER

8/16/10

DATE PREPARED

10030410548