REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB 28 P 4:24

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
DC Democratic State Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1353 Otis Street, NE

CITY, STATE and ZIP CODE
Washington, DC 20017

2. FEC IDENTIFICATION NUMBER
C0295964

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period October through December 2000		
6. (a) Cash on Hand January 1, 19____		$ 3,527.94
(b) Cash on Hand at Beginning of Reporting Period	$ 9,212.14	
(c) Total Receipts (from Line 19)	$ 42,958.17	$ 42,958.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 52,170.24	$ 46,486.11
7. Total Disbursements (from Line 30)	$ 19,188.87	$ 27,584.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 32,981.37	$ 18,901.63
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 ROBERT J. ARTIST Sr. PhD. Treasurer

Signature of Treasurer Robert J. Artist Sr. Treasurer

Date 02-28-01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FEDAN089

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM October 1 TO December 31, 2000		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	17,075.00	17,075.00	1
ii. Unitemized			1
iii. Total (add i and ii) ➤	5,629,02.00	6,928.09	1
b. Political Party Committees	22,704.02	24,003.09	1
c. Other Political Committees (such as PACs)	0	0	1
d. Total Contributions (add a iii, b and c) ➤	42,958.17	49,305.81	1
12. Transfers From Affiliated/Other Party Committees	0	0	1
13. All Loans Received	0	0	1
14. Loan Repayments Received	0	0	1
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	1
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	1
17. Other Federal Receipts (Dividends, Interest, etc.)	11.81	18.72	1
18. Transfers from Nonfederal Account for Joint Activity	0	0	1
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	42,958.17	49,324.53	1
20. Total Federal Receipts (subtract line 18 from line 19) ➤	42,958.17	49,324.53	2
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	2
ii. Non-Federal Share	0	0	2
b. Other Federal Operating Expenditures	16,500.73	23,784.64	2
c. Total Operating Expenditures (add a i, a ii, and b) ➤	16,500.73	23,784.64	2
22. Transfers to Affiliated/Other Party Committees	0	0	2
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00	2
24. Independent Expenditures (use Schedule E)	0	0	2
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	2
26. Loan Repayments Made	0	0	2
27. Loans Made	0	0	2
28. Refunds of Contributions To:	0	0	
a. Individuals/Persons Other Than Political Committees	0	0	2
b. Political Party Committees	0	0	2
c. Other Political Committees (such as PACs)	0	0	2
d. Total Contribution Refunds (add a, b and c) ➤	0	0	2
29. Other Disbursements	2,188.14	3,799.84	2
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	19,188.87	27,584.48	3
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,188.87	27,584.48	3
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	42,958.17	49,324.53	3
33. Total Contribution Refunds (from line 28d)	0	0	3
34. Net Contributions (other than loans)(subtract line 33 from 32)	42,958.17	49,324.53	3
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	3
36. Offsets to Operating Expenditures (from line 15)	16,500.73	23,784.64	3
37. Net Operating Expenditures (subtract line 36 from 35) ➤	16,500.73	23,784.64	3

FEC/A4000

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a(i)

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)

DC Democratic State Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ward 8 Democrats Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/00	375.00
Patricia Long 4301 46th St., Bladensburg, MD 20710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/9/00	250.00
Shi-Hua Wu, M.D. 807 6th St., NW, WDC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/9/00	250.00
Elaine C. Tang 11300 Earnestine St., MCLEAN, VA 22101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/9/00	250.00
Big China Carryout (612) 2135 4th St., NE, WDC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/8/00	250.00
Tai Shan Restaurant, Inc. (429) 622 H St., NW, WDC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/8/00	250.00
American Flag Construction, Inc. 1215 17th St., NW, WDC 200036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	11/00	250.00

SUBTOTAL of Receipts This Page (optional) 1,875.00

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

SDA4009

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Chopsticks Restaurant (139) 719 H St., NW, WDC 20001		11/8/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Moy, Cheung & Company 1310 Ninth St., NW, WDC 20001-4208		11/9/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Fujian Residents Association 603 Eye St., NW, WDC 20001		11/8/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Fujian Residents Association 603 Eye St., NW, WDC 20001		11/8/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Toon Lee, Linda L. Lee 1315 Alps Dr., McLean, VA 22102		11/8/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary Michael, Kim Michael 211 King James Rd., Upper Marlboro, MD 20774-8752		11/8/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Alter 8578 Leisure Hill Dr., Baltimore, MD 21208		11/8/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 3,200.00

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

FEC/1009

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Fujian Residents Association 603 Eye St., NW, WDC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/8	500.00
B. D.C. Farmers Market LLC 1309 5th St., NE, WDC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/9/00	500.00
C. Happy Valley Food, Inc. 1240 E Dt., NE, WDC 20018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/9/00	1,000.00
D. Michael Companies 4390 Parliament Pl, Ste A, Lanham, MD 20706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/9/00	1,000.00
E. Chi Jung Chiang, Shu Feng Hsu Chiang 13110 Music Master Dr., Silver Spring, MD 20904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/9/00	1,000.00
F. Jack Long 4301 46th St., Bladensburg, MD 20710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/8/00	250.00
G. Golf Course Specialists, Inc. Ohio Drive, SW, Washington, DC 20024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	11/9/00	250.00

SUBTOTAL of Receipts This Page (optional) ..... > 4,500.00

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

FEDAN089

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Van Ness Service Corp PO Box 9492, WDC 20016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	11/9/00	500.00
B. Twenty Eight Inc. (t/a A-Y-T Auto Svc.) 2121 West Virginia Ave., NE, WDC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	11/9/00	3,000.00
C. Trust F/B/O Patrice R. Miller 1402 31st St., NW, WDC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	11/14/00	500.00
D. C W H Inc. Lei Garden Restaurant 629-631 H St., NW, WDC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	11/12/00	500.00
E. HoHo Produce DC, Inc. 1260 4th St., NE, WDC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	11/9/00	3,000.00
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	7,500.00
TOTAL This Period (last page this line number only)	17,075.00

FE0AN090

CHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

21b

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PR Promotion	Media/Posters Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/25/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Ron Friday	Purpose of Disbursement Media/Posters Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/25/00	348.00
C. Full Name, Mailing Address and ZIP Code Mulhauser & Assoc.	Purpose of Disbursement Banner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	628.75
D. Full Name, Mailing Address and ZIP Code Ron Friday	Purpose of Disbursement Poster delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	35.65
E. Full Name, Mailing Address and ZIP Code Graceful Affairs	Purpose of Disbursement Refreshments/Election day Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/6/00	2,000.00
F. Full Name, Mailing Address and ZIP Code Shiela Bunn	Purpose of Disbursement T-shirts/staff Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/6/00	663.42
G. Full Name, Mailing Address and ZIP Code Willie Flowers	Purpose of Disbursement Transportation-rental van Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/6/00	465.00
H. Full Name, Mailing Address and ZIP Code Pam Payne	Purpose of Disbursement Office supplies/toner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/6/00	100.44
I. Full Name, Mailing Address and ZIP Code City Paper	Purpose of Disbursement Media Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	398.10

SUBTOTAL of Disbursements This Page (optional) 5,639.36

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

EDAN006

CHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. North West Currant	Media Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	407.50
B. Afro American Newspaper	Media Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	300.00
C. Washington Informer Washington, D.C.	Media Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	292.50
D. Hill Rag, Inc.	Media Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	337.50
E. DC Tunnel Event Center	Office Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/9/00	566.00
F. Shiela Bunn	T-shirts Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/9/00	500.00
G. 15th & H Street Associates Washington, D.C.	Rent for Coordinator office Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/00	1,000.00
H. PR Promotions	Coordinated Posters for office Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/6/00	997.38
I. Kenny Baker	Removal of c itywide posters Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/9/00	450.00

SUBTOTAL of Disbursements This Page (optional) 4,850.88

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

5/4/00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senator Charles Robb	Donation Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

FEC FORM 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Russell Jackson.	Removal of citywide posters	11/9/00	$50.00
B. Millers Copying Service	Campaign copying	11/9/00	200.14
C. Mayflower Hotel Washington, DC	Victory Party	11/9/00	2,000.00
D. C&G Catereers	Swearing In and Electoral College	12/00	1,650.00
E. Video Monitoring Ser.	Election night videos	12/00	1040.00
F. Verizon PO Box 1915 Washington, DC	Telephone	9/28/00	498.30
G. Staples PO Box 30292 Salt Lake City, UT 84113	Office Supplies	9/28/00	500.00
H. AT&T PO Box 16730 Mesa, AZ 85211	Telephone	9/28/00	183.54
I.			

SUBTOTAL of Disbursements This Page (optional) 6,521.98

TOTAL This Period (last page this line number only) 17,075.00

FDA4008

CHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

DC Democratic State Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shiela Bunn	Decorations for party Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/25/00	117.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norman Neverson	Reimbursement for VI trip for DNC Chairmen Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/00	1,838.25
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Linda Finkel Talvadkar	Count Every Vote Ribbons Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/00	12.14
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paper 'n' Type Washington, DC	Word Processing Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/00	130.60
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
[illegible]	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2,097.99
TOTAL This Period (last page this line number only)	2,097.99

EDAN009

SCHEDULE C
(Revised 3/90)

LOANS

Page 1 of 1 for
LINE NUMBER 27
(Use separate schedules for each numbered line)

Name of Committee (in Full)
DC Democratic State Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
There are no outstanding loans. Election: Primary General Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	-0-
TOTALS This Period (last page in this line only)	-0-

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

FE3AN-103

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 22
(Use separate schedules for each numbered line)

Name of Committee (In Full) DC Democratic State Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	-0-
2) TOTALS This Period (last page in this line only)	-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE B

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

DC Democratic State Committee

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
There were no Independent Expenditures during this period				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ _____

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ -0-

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 19__

My Commission expires:

_____ NOTARY PUBLIC

FE9AN100

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(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 Political Committee (In Full)

DC Democratic State Committee

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☒ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
SUBTOTAL of Expenditures This Page (optional)				-0-
TOTAL This Period (last page this line number only)				-0-

FEM/N103

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE
DC Democratic State Committee

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... N/A %
- PRESIDENTIAL YEAR (65%)
- ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... N/A %

OR

FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... N/A %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... N/A %

FEDRAN103

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

PAGE	OF

NAME OF COMMITTEE
DC Democratic State Committee

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT 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. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. 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.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ____ FUNDRAISING ____ EXEMPT ____ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ____ NEW ____ REVISED ____ SAME AS PREVIOUSLY REPORTED	N/A	N/A
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ____ FUNDRAISING ____ EXEMPT ____ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ____ NEW ____ REVISED ____ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ____ FUNDRAISING ____ EXEMPT ____ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ____ NEW ____ REVISED ____ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ____ FUNDRAISING ____ EXEMPT ____ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ____ NEW ____ REVISED ____ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ____ FUNDRAISING ____ EXEMPT ____ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ____ NEW ____ REVISED ____ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ____ FUNDRAISING ____ EXEMPT ____ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ____ NEW ____ REVISED ____ SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
1	1

FOR LINE 18

NAME OF COMMITTEE: DC Democratic State Committee

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT: No transfers from Non-Federal Accounts

DATE OF RECEIPT:

$ -0-

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT:

DATE OF RECEIPT:

$

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				-0-
TOTAL THIS PERIOD				-0-

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE
DC Democratic State Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Committee elected to make all payments for shared activities with federally permissible funds.			N/A	N/A	N/A
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			-0-	-0-	-0-
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)			-0-	-0-	-0-
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					-0-

FFRAN109

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 3-1-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	3-1-01 DATE PREPARED

(6/2000)