

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

DEMOCRATIC ACTION CLUB OF CHICO

ADDRESS (number and street) 634 BLACK OAK DRIVE

Check if different than previously reported. (ACC) CHICO CA 95926

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00407866

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 / 04 / 2014 in the State of CA

- (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 / 15 / 2014

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 Carey Kidd

Signature of Treasurer *Carey Kidd* Date 10 / 22 / 2014

NOTE: Submission of false, erroneous, 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC ACTION CLUB OF CHICO

Report Covering the Period:

From:

10 / 01 / 2014

To:

10 / 15 / 2014

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1,	2014	790.02
(b) Cash on Hand at Beginning of Reporting Period.....	190148	
(c) Total Receipts (from Line 19).....	23900	340500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	214048	419502
7. Total Disbursements (from Line 31).....	0	205454
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	214048	214048
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

**DEMOCRATIC ACTION CLUB OF CHICAGO**

Report Covering the Period: From: **10** / **01** / **2014** To: **10** / **15** / **2014**

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

- (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).....

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)).....

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

UNFINISHED BUSINESS





**EXTREMELY URGENT**

See Rush To Addressee

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**EXTREMELY URGENT**

Please Rush To Addressee

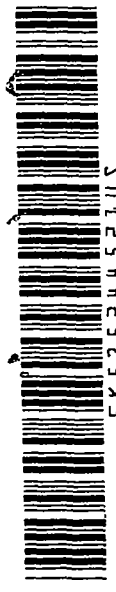
U.S. POSTAGE  
PAID  
CHICAGO, IL  
95928  
OCT 23, 14  
AMOUNT  
**\$19.99**  
00108528-05



1007

**PLEASE NOTE:**

When used internationally affix customs declarations (PS Form 2976, or 2976A).



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Cavly Kidd  
DACA Black Oak  
634 Black Oak  
CHICAGO IL 60641  
PHONE: 508-242-4424

**PAYMENT BY ACCOUNT (if applicable)**

**DELIVERY OPTIONS (Customer Use Only)**

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) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

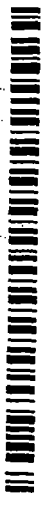
No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com or local Post Office for availability.

**TO: (PLEASE PRINT)**  
Federal Election Commission  
999 E St NW  
Washington DC  
PHONE:  
ZIP + 4\* (U.S. ADDRESSES ONLY)  
20463

For pickup or USPS Tracking™, visit [USPS.com](http://USPS.com) or call 800-222-1811.  
\$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day PO ZIP Code 95926	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YYYY) 10-24-14	<input type="checkbox"/> Military Postage \$ 19.99	<input type="checkbox"/> DPO COD Fee \$
Date Accepted (MM/DD/YYYY) 10-23-14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	Live Animal Transportation Fee \$
Time Accepted 10:31 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Total Postage & Fees \$ 19.99
Weight 0.75 lbs. ozs.	Flat Rate \$	Sunday/Holiday Premium Fee \$	Acceptance Employee's Initials KOD
<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>		Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time 20463	Time AM PM	Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time	Time AM PM	Employee Signature	

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