

RECEIVED
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OPERATIONS CENTER

**FEC
FORM 3X**

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

2002 DEC -9 P 2:47

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**
Democratic Party of New Pence County

ADDRESS (number and street) B.S. 222, Ruckman Rd
Check if different than previously reported. (ADC) Keokuk, IA IA 52050

2. FEC IDENTIFICATION NUMBER **CITY** **STATE** **ZIP CODE**
000022517 **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 _____ in the State of _____
(d) 30-Day POST-Election Report for the:
 General (30G) PrimOff (30P) Special (30S)
Election on 11/05/2002 in the State of IA

5. Covering Period 10/17/2002 through 11/25/2002

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 Nathan Weeks
Signature of Treasurer Nathan Weeks Date 12/04/2002

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 (Revised 1/01)

Page 2

Write or Type Committee Name

Democratic Party of Nez Perce County

Report Covering the Period:

From:

10 17 2002

To:

11 29 2002

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1.	2002	170785
(b) Cash on Hand at Beginning of Reporting Period	227397	
(c) Total Receipts (from Line 19)	84527	346586
(d) Subtotal (add Lines 5(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	311924	467371
7. Total Disbursements (from Line 30)	217819	373266
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94105	94105
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
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-594-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Democratic Party of Nez Perce County

Report Covering the Period:

From:

10 17 2002

to:

11 25 2002

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 (see Schedule A)

25277

(ii) Unitemized

59250

(a) TOTAL (add

Lines 11(a)(i) and (ii)

84527

346586

(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 32, page 4)

84527

346586

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 38, page 4)

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.)

18. Transfers from Nonfederal

Account for Joint Activity

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18)

84527

346586

20. Total Federal Receipts

(subtract Line 18 from Line 19)

84527

346586

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	147819	303266
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	147819	303266
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 Expenditures Made by Party Committees (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	70000	70000
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	217819	373266
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	217819	373266
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(a), page 3)	84527	246586
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	84527	246586
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	147819	303266
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 35 from Line 36)	147819	303266

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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)
Democratic Party of Nez Perce County

A. Full Name (Last, First, Middle Initial) <i>John Tait</i>		Date of Receipt <i>10 25 2002</i>
Mailing Address <i>312 Miller St</i>		Amount of Each Receipt This Period <i>252.77</i>
City <i>Lewiston</i>	State Zip Code <i>ID 83501</i>	
FEC ID number of contributing federal political committee <i>C</i>		Aggregate Year-to-Date <i>91688</i>
Name of Employer <i>Keeton Tait</i>	Occupation <i>Attorney</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt This Period
City	State Zip Code	
FEC ID number of contributing federal political committee <i>C</i>		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt This Period
City	State Zip Code	
FEC ID number of contributing federal political committee <i>C</i>		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶

**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 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		

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NAME OF COMMITTEE (in full)
Democratic Party of Nez Perce County

A

Full Name (Last, First, Middle Initial)
Tribune Publishing

Mailing Address
605 C St

City **Lewiston** State **ID** Zip Code **83501**

Purpose of Disbursement
Newspaper Ads

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 18 2002

Amount of Each Disbursement this Period
96876

Category/Type
004

B

Full Name (Last, First, Middle Initial)
Tribune Publishing

Mailing Address
605 C St

City **Lewiston** State **ID** Zip Code **83501**

Purpose of Disbursement
Newspaper Ads

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
11 04 2002

Amount of Each Disbursement this Period
41448

Category/Type
004

C

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements this Page (optional) ▶

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

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12-4-02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SMU</i> PREPARER	12-4-02 DATE PREPARED