

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 07 / 01 / 2012 To: ^{M M / D D / Y Y Y Y} 09 / 30 / 2012

12030900643

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2012		6,321.54
(b) Cash on Hand at Beginning of Reporting Period.....	12,113.97	
(c) Total Receipts (from Line 19).....	158.00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,271.97	
7. Total Disbursements (from Line 31).....	3,699.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,572.97	
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 -	

AFTER OUR CONVENTION
EXPENSES AND MILEAGE
TO A BOARD MEETING, THE
BALANCE IS
\$5158.85

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

MISSOURI FEDERATION OF WOMENS' DEMOCRATIC CLUBS

Report Covering the Period: From: ^{M M} 07 / ^{D D} 01 / ^{Y Y Y Y} 2012 To: ^{M M} 09 / ^{D D} 30 / ^{Y Y Y Y} 2012

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).....	, 158.00	, , .
<i>Sales of Bumper Stickers</i>		
(ii) Unitemized	, .-	, , .
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 158.00	, , .
(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)	, 158.00	, , .
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)).....▶	, 158.00	, 14,205.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 158.00	, 14,205.11

12030900644

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	, -0-	, , .
(ii) Non-Federal Share.....	, -0-	, , .
(b) Other Federal Operating Expenditures	, -0-	, , .
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	, -0-	, , .
22. Transfers to Affiliated/Other Party Committees.....	, -0-	, , .
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	, 3,699.00	, , .
24. Independent Expenditures (use Schedule E)	, -0-	, , .
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	, -0-	, , .
26. Loan Repayments Made.....	, -0-	, , .
27. Loans Made.....	, -0-	, , .
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	, -0-	, , .
(b) Political Party Committees	, -0-	, , .
(c) Other Political Committees (such as PACs).....	, -0-	, , .
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	, -0-	, , .
29. Other Disbursements	, -0-	, , .
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	, -0-	, , .
(ii) "Levin" Share.....	, -0-	, , .
(b) Federal Election Activity Paid Entirely With Federal Funds	, -0-	, , .
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	, -0-	, , .
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	, 3,699.00	, , .
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	, 3,699.00	, , .

12030900645

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)	, 158.00	, , -
34. Total Contribution Refunds (from Line 28(d))	, , -0-	, , -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 158.00	, , -
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, , -0-	, , -
37. Offsets to Operating Expenditures (from Line 15, page 3).....	, , -0-	, , -
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, , -0-	, , -

12030900646

**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	<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)
MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

A. Full Name (Last, First, Middle Initial) POW		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period ; 158.00 OUR ONLY RECEIPT THIS QUARTER WAS FROM THE SALE OF BUMPER STICKERS @ \$2.00 each
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ ; ; *	

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

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

SUBTOTAL of Receipts This Page (optional).....▶	; ; 158.00
TOTAL This Period (last page this line number only).....▶	; ; 158.00

12030900647

**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)

MISSOURI FEDERATION OF WOMENS' DEMOCRATIC CLUBS

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 10 / 2012

A.

EVANS, JIM

Mailing Address

6291 S, FARM ROAD 67

City

REPUBLIC

State

MO

Zip Code

65738

Purpose of Disbursement

DONATION TO CAMPAIGN OF JIM EVANS

011

Candidate Name

CONGRESSMAN FOR MO 7TH DISTRICT

Category/
Type

Amount of Each Disbursement this Period

300.00

Office Sought:

House

Disbursement For:

Primary

General

Senate

Other (specify) ▼

President

State: MO

District: 7TH

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 10 / 2012

B.

MAYER, ERIC

Mailing Address

377 HARVEST ROAD

City

CAMDENTON

State

MO

Zip Code

65020

Purpose of Disbursement

DONATION TO CAMPAIGN OF ERIC MAYER

011

Candidate Name

CONGRESSMAN FOR MO 3RD DISTRICT

Category/
Type

Amount of Each Disbursement this Period

300.00

Office Sought:

House

Disbursement For:

Primary

General

Senate

Other (specify) ▼

President

State: MO

District: 3RD

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 10 / 2012

C.

RUSHIN, JACK

Mailing Address

PO BOX 1024

City

DOPLAR BLUFF,

State

MO

Zip Code

63902

Purpose of Disbursement

JACK RUSHIN CAMPAIGN CONTRIBUTION

011

Candidate Name

CONGRESSMAN 8TH DISTRICT

Category/
Type

Amount of Each Disbursement this Period

300.00

Office Sought:

House

Disbursement For:

Primary

General

Senate

Other (specify) ▼

President

State: MO

District: 8TH

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

900.00

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

12030900648

**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)
MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

Full Name (Last, First, Middle Initial) A. McCASKILL FOR MISSOURI CAMPAIGN		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012	
Mailing Address PO BOX 300077		Amount of Each Disbursement this Period , 999.00	
City ST. LOUIS, MO	State MO		Zip Code 63130
Purpose of Disbursement DONATION TO CAMPAIGN	Candidate Name Claire McCaskill		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO	District:		

Full Name (Last, First, Middle Initial) B. McCASKILL FOR MISSOURI CAMPAIGN		Date of Disbursement MM / DD / YYYY 06 / 25 / 2012	
Mailing Address PO BOX 300077, ST LOUIS, MO 63130		Amount of Each Disbursement this Period , 500.00	
City ST. LOUIS, MO	State MO		Zip Code 63130
Purpose of Disbursement CAMPAIGN DONATION	Candidate Name Claire McCaskill		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. HENSLEY FOR CONGRESS CAMPAIGN		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012	
Mailing Address PO BOX 620, RAYMORE, MO 64083		Amount of Each Disbursement this Period , 500.00	
City RAYMORE, MO	State MO		Zip Code 64083
Purpose of Disbursement CAMPAIGN DONATION	Candidate Name TERESA HENSLEY		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO	District: 4th		

SUBTOTAL of Disbursements This Page (optional).....▶	, 1,999.00
TOTAL This Period (last page this line number only).....▶	, , .

12030900649

**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)
MISSOURI FEDERATION OF WOMEN'S DEMOCRATIC CLUBS

Full Name (Last, First, Middle Initial) A. CLEAVER FOR CONGRESS CAMPAIGN		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012
Mailing Address PO BOX 41182, KANSAS CITY, MO 64141		Amount of Each Disbursement this Period , 300.00
City CAMPAIGN DONATION	State MO	
Purpose of Disbursement EMMANUEL CLEAVER	Category/Type 011	
Candidate Name CONGRESSMAN 5th DISTRICT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 5		

Full Name (Last, First, Middle Initial) B. YARBER FOR CONGRESS CAMPAIGN		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012
Mailing Address 5126 N PENNSYLVANIA AVENUE, GLADSTONE, MO 64118		Amount of Each Disbursement this Period , 500.00
City CAMPAIGN DONATION	State MO	
Purpose of Disbursement KYLE YARBER	Category/Type 011	
Candidate Name CONGRESSMAN FOR 6th DISTRICT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 6		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/Type	
Candidate Name	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).....▶	, , 800.00
TOTAL This Period (last page this line number only).....▶	, , 3699.00

12030900650

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

LOAN SOURCE Full Name (Last, First, Middle Initial) MFWDC HAS NO LOANS		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, .	, .	, .

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	. % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	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.

12030900651

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose): MFWD C HAS NO DEBTS or OBLIGATIONS
Mailing Address		
City	State	
Zip Code		

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
\$	\$	\$

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	
Zip Code		

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
\$	\$	\$

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	
Zip Code		

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
\$	\$	\$

1) SUBTOTALS This Period This Page (optional).....▶	\$ - 0 -
2) TOTALS This Period (last page this line number 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)▶	\$ - 0 -

12030900653

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NA

NAME OF COMMITTEE (In Full) MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS		FEC IDENTIFICATION NUMBER ▼ C 00530064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		Amount
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		Amount
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

12030900654

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

NA

PAGE OF
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
MISSOURI FEDERATION OF WOMEN'S DEMOCRATIC CLUBS

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

Full Name of Subordinate Committee
Mailing Address
City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	, , .	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	, , .	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	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 -

12030900655

NA

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check OR

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

12030900656

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES 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. 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. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %

12030900657

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NA

NAME OF COMMITTEE (In Full)
MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
NA		, , .

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	, , .
ii) Generic Voter Drive	, , .
iii) Exempt Activities.....	, , .
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	, , .
b) _____	, , .
c) Total Amount Transferred For Direct Fundraising	, , .
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	, , .
b) _____	, , .
c) Total Amount Transferred For Direct Candidate Support.....	, , .
vi) Public Communications Referring Only to Party (Made by PAC)	, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	, , .
TOTAL This Period (Generic Voter Drive)	, , .
TOTAL This Period (Exempt Activities)	, , .
TOTAL This Period (Direct Fundraising)	, , .
TOTAL This Period (Direct Candidate Support)	, , .
TOTAL This Period (Public Communications Referring Only to Party)	, , .
TOTAL This Period (Total Amount Transferred).....	, 0 - .

12030900658

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NA

NAME OF COMMITTEE (In Full)
MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

12030900660

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period for the Levin Share			

**SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS**

NA

NAME OF COMMITTEE (In Full) MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS
NAME OF ACCOUNT NA

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	,	,
(b) Unitemized	,	,
(c) Total	,	,
2. OTHER RECEIPTS	,	,
3. TOTAL RECEIPTS (Add Lines 1c and 2)	,	,
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	,	,
(b) Voter ID	,	,
(c) GOTV	,	,
(d) Generic Campaign	,	,
(e) Total	,	,
5. OTHER DISBURSEMENTS	,	,
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	,	,
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	,	,
8. RECEIPTS (from Line 3)	,	,
9. SUBTOTAL (Add Lines 7 and 8)	,	,
10. DISBURSEMENTS (From Line 6)	,	,
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		, -0-

12030900661

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

NA

Use separate schedule(s) for each category of the Aggregation Page	PAGE OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2

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)
MISSOURI FEDERATION OF WOMENS DEMOCRATIC CLUBS

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

12030900662

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)
10/5/12

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

10/11/12
 DATE PREPARED

12030900663