

RECEIVED

2011 JAN 19 PM 12:00

FEC MAIL CENTER

Dear Ms. Chacoma,

Attached is a copy of the report that you requested. I sent this to the FEC in November as you can see by the return receipt. I hope we are talking about the same report. If not, please let me know. I have been out of town a lot recently because of the illness of my father in Texas.

Please if you have any question ~~and~~ feel free to contact me. I really do want to get things taken care of if I have neglected to do something properly.

As you can see we haven't spent much money if any because our balance is \$46.<sup>66</sup>.

Thank you for your help.

Dorothy Blackwell  
PH. 817.4212.

11030542687

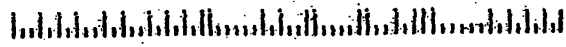
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

D. Blackwell  
6<sup>th</sup> District Dem. Comm  
502 Taylor St  
LEXINGTON, VA 24458



11030542688

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:  <p style="text-align: center;">FEC 999 E ST. NW WASHINGTON, DC 20463</p>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery NOV 29 AM 11:09 RECEIVED
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? If YES, enter delivery address below. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <span style="float: right;"><input type="checkbox"/> Yes</span>	
7009 2820 0002 2186 5587		

11030542689

RECEIVED

2011 JAN 19 PM 12:00

FEC MAIL CENTER

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 SIXTH DISTRICT DEMOCRATIC COMMITTEE OF VA

ADDRESS (number and street) 502 TAYLOR ST LEXINGTON VA 24450

2. FEC IDENTIFICATION NUMBER 00003897 3. IS THIS REPORT NEW OR AMENDED (N) (A) X

Table with 4 columns: Report Type (Quarterly, 12-Day, 30-Day), Due On/Report for the, and Election on. Includes sub-sections (a) through (d).

5. Covering Period 06 01 2010 through 09 30 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 DOROTHY BLACKWELL Signature of Treasurer Dorothy Blackwell Date 11 20 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 grid and FEC FORM 3X Rev. 12/2004

11030542690

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Sixth Congressional District Democratic Party of VA*

Report Covering the Period:

From: 07 01 2010

To: 09 30 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y		79.70
(b) Cash on Hand at Beginning of Reporting Period.....	1,032.25	
(c) Total Receipts (from Line 19).....	0	280.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,032.25	359.70
7. Total Disbursements (from Line 31).....	565.9	215.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	466.6	46.66
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

11030542691

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Sixth Congressional District Dem Comm of VA*

Report Covering the Period:

From:

To:

**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)(ii), (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).....▶

0

280.00

0

0

280.00

0

280.00

11030542692

**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 .....	5659	21597
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5659	21597
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 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) .....		
(c) 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)) ..	5659	21597
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	5659	21597

11030542693

**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) .....	,	,
34. Total Contribution Refunds (from Line 28(d)) .....	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	,	,
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) .....	5659	21597
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5659	21597

11030542694



**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"/> 28
<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)

*11th District Democratic Comm*

Full Name (Last, First, Middle Initial)

A. <i>US Postal Service</i>		Date of Disbursement
Mailing Address <i>111 Lee Ave.</i>		<i>7 19 2010</i>
City <i>Lexington</i>	State	Zip Code
Purpose of Disbursement <i>Mad FEC Report</i>	Candidate Name	Amount of Each Disbursement this Period <i>6.59</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	Category/Type

B. <i>Howard Johnsons</i>		Date of Disbursement
Mailing Address <i>2836 N. Lee Hwy</i>		<i>7 19 2010</i>
City <i>Lexington</i>	State <i>VA</i>	Zip Code <i>24450</i>
Purpose of Disbursement <i>Meeting Room</i>	Candidate Name	Amount of Each Disbursement this Period <i>50.-</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	Category/Type

C.		Date of Disbursement
Mailing Address		<i>M M / D D / Y Y Y Y</i>
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	Category/Type

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

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

11030542695

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.

11030542696

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/14/11
---	-----------------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

*Jm D*  
 PREPARER

1/19/11  
 DATE PREPARED