23037953692

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

RECEIVED
FEC MAIL CENTER
2003 JAN 31 A 10:08
Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12F34M5

Thomas C. Diedrich
Orkin Exterminating Company Inc.
Political Action Committee

ADDRESS (number and street) ▼
2170 Piedmont Rd.

Check if different than previously reported. (ADC)

Atlanta GA 30324

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00131219

3. IS THIS REPORT X 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)
- X 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) | X 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) Runoff (30R) Special (30S)

Election on ____ In the State of ____

5. Covering Period 11 26 2002 through 12 31 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 Thomas C. Diedrich

Signature of Treasurer Thomas C. Diedrich Date 01 29 2003

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 | | | | | | | |
|---|---|---|---|---|---|---|---|

FEC FORM 3X (Revised 1/01)

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# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)



Write or Type Committee Name
Orkin Exterminating Co. Inc

Report Covering the Period: From: 11 26 2002 To: 12 31 2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. (a) Cash on Hand January 1, 2002 | | 11,553.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 10937.88 | |
| (c) Total Receipts (from Line 19) | 311.36 | 5418.40 |
| (d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B) | 11249.24 | 16971.40 |
| 7. Total Disbursements (From Line 30) | 521.63 | 6244.19 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d)) | 10727.61 | 10727.61 |
| 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) | | |

X 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

23037953694

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)



Write or Type Committee Name
Orkin Exterminating Co, Inc

Report Covering the Period: From: 11 26 2002 To: 12 31 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 (use Schedule A) | 0.00 | |
| (ii) Unitemized | 31136 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 31136 | 5418 40 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶ | 31136 | 5418 40 |
| 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 36, page 4) | 0.00 | |
| 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) ▶ | 31136 | 5418 40 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) ▶ | 31136 | 5418 40 |

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# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 9/01)



| 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 | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 21.63 | 244.19 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | 21.63 | 244.19 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 500.00 | 6000.00 |
| 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 | | |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶ | 521.63 | 6244.19 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 521.63 | 6244.19 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) | 311.36 | 5418.40 |
| 33. Total Contribution Refunds (from Line 29(d)) | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 311.36 | 5418.40 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 21.63 | 244.19 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 21.63 | 244.19 |

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# 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) ☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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): Orkin Exterminating Co., Inc. - PAC

**A.**

Full Name (Last, First, Middle Initial): GA Pest Control Assoc. - PAC.

Mailing Address: 2034 Beaver Ruin Rd.

City: Norcross State: GA Zip Code: 30071

Purpose of Disbursement: PAC Fund

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ PAC to PAC

Date of Disbursement: 12 / 12 / 2002

Amount of Each Disbursement this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement this Period:

**C.**

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 500.00

FEC Schedule B (Form 3X) (Revised 1/01)

FE3AN084

PAC Statement Reconcilliation
To: Kathy Mulling

| Account Number | Tax ID Number |
|---|---|
| 3750258460 | 000303381 |

| Statement | Beginning Balance | Deposits | Withdrawls | Fees | Ending Balance |
|---|---|---|---|---|---|
| 1/31/02 | $ 11,553.00 | $ 374.48 | | $ 18.46 | $ 11,909.02 |
| 2/1/02 | $ 11,909.02 | $ 348.75 | $ 1,000.00 | $ 18.57 | $ 11,239.20 |
| 3/1/02 | $ 11,239.20 | $ 453.64 | $ 1,000.00 | $ 22.07 | $ 10,670.97 |
| 4/1/02 | $ 10,670.97 | $ 1,682.74 | $ - | $ 22.32 | $ 12,331.39 |
| 5/1/02 | $ 12,331.39 | $ 287.35 | $ 500.00 | $ 20.42 | $ 12,098.32 |
| 6/1/02 | $ 12,098.32 | $ 334.84 | | $ 18.08 | $ 12,415.08 |
| 7/1/02 | $ 12,415.08 | $ 332.64 | $ 1,000.00 | $ 18.50 | $ 11,729.22 |
| 8/1/02 | $ 11,729.22 | $ 330.34 | | $ 20.72 | $ 12,038.84 |
| 9/1/02 | $ 12,038.84 | $ 323.04 | $ 2,000.00 | $ 20.44 | $ 10,341.44 |
| 10/1/02 | $ 10,341.44 | $ 318.04 | | $ 21.40 | $ 10,638.08 |
| 11/1/02 | $ 10,638.08 | $ 321.36 | | $ 21.58 | $ 10,937.88 |
| 12/1/02 | $ 10,937.88 | $ 311.36 | $ 500.00 | $ 21.83 | $ 10,727.61 |
| | | | | | |

Checks:

| Withdrawl Statement | Check # | Ck Date | Amount $ 7,000.00 | Payee |
|---|---|---|---|---|
| 11/30/01 | 1051 | 11/7/2001 | $ 1,000.00 | Luther for Congress |
| 2/28/02 | 1052 | 2/7/2002 | $ 1,000.00 | Darden for Congress |
| 3/28/02 | 1053 | 2/21/2002 | $ 1,000.00 | Friends of Mary Landrieu |
| 5/31/02 | 1054 | 5/1/2002 | $ 500.00 | Thurman for Congress |
| 7/31/02 | 1055 | 7/2/2002 | $ 1,000.00 | Linder for Congress |
| 9/30/02 | 1056 | 9/18/2002 | $ 1,000.00 | Catherine Harris for Congress |
| 9/30/02 | 1057 | 9/19/2002 | $ 1,000.00 | Gingrey for Congress |
| 12/31/02 | 1058 | 12/12/2002 | $ 500.00 | GPCA PAC |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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# SCHEDULE C (FEC Form 3X)
## LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Elections:
- Primary
- General
- 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 % (apr) | Secured: Yes No

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

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

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

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

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

**SUBTOTALS** This Period This Page (optional) ▶

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry amount to appropriate line of Summary.

FEC Schedule C (Form 3X) (Revised 1/01)

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# SCHEDULE C-1 (FEC Form 3X)
# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER |
|---|---|
| | C |

| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan | Interest Rate (APR) |
|---|---|---|
| Mailing Address | Date Incurred or Established | |
| City State Zip Code | Date Due | |

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B).

Date account established:

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

| AUTHORIZED REPRESENTATIVE Typed Name | | DATE |
|---|---|---|
| Signature | Title | |

FEC Schedule C-1 (Form 3X) (Revised 1/04)

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# 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)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

FEC Schedule D (Form 3X) (Revised 1/01)

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼
C

Full Name (Last, First, Middle Initial) of Payee

Purpose of Expenditure

Category/Type

Mailing Address

City State Zip Code

Name of Federal Candidate supported or opposed by expenditure:

Date

Amount

Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Purpose of Expenditure

Category/Type

Mailing Address

City State Zip Code

Name of Federal Candidate supported or opposed by expenditure:

Date

Amount

Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Purpose of Expenditure

Category/Type

Mailing Address

City State Zip Code

Name of Federal Candidate supported or opposed by expenditure:

Date

Amount

Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

(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, 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 require the financial or dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this day of

My Commission expires:

Signature

Date

NOTARY PUBLIC

FEC Schedule E (Form 3X) (Revised 7/01)
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23037953702

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(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)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

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

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

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

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) ▶

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

# SCHEDULE H1 (FEC Form 3X)

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTON

### A. NATIONAL PARTY COMMITTEES

**FIXED FEDERAL PERCENTAGE** (Check the appropriate line and enter % in box to right) .....

Presidential Year (65%)

All Other Years (60)%

### B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

**MINIMUM FEDERAL PERCENTAGE** (65%) (If checked, enter 65% in box to right) .....

OR

**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 .....

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

### C. 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 .....

### D. 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 .....

# SCHEDULE H2 (FEC Form 3X)
## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

**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<br>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<br>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<br>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<br>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<br>CHECK IF THE RATIO IS: ___ New ___ Revised ___ Same as Previously Reported | | |

23037953705

# SCHEDULE H3 (FEC Form 3X)
## TRANSFERS FROM NON-FEDERAL ACCOUNTS

| PAGE OF |
|---|
| FOR LINE 18 OF FORM 3X |

NAME OF COMMITTEE (In Full)

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|---|---|---|
| | | |

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive .....

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

**TOTAL** This Period
(Administrative/Voter Drive Amount) .....

**TOTAL** This Period (Direct Fundraising Amount) .....

**TOTAL** This Period (Exempt Activity/Direct Candidate Support) .....

**TOTAL** This Period (Total Amount Transferred) .....

23037953706

# DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
# JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Category/ Type

Description:

Type of Allocated Activity:
Admin./Voter Drive
Fundraising
Exempt
Direct Candidate Support
Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Category/ Type

Description:

Type of Allocated Activity:
Admin./Voter Drive
Fundraising
Exempt
Direct Candidate Support
Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Category/ Type

Description:

Type of Allocated Activity:
Admin./Voter Drive
Fundraising
Exempt
Direct Candidate Support
Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL** of Joint Federal and Non-Federal Activity This Page
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))
FEDERAL SHARE TOTAL AMOUNT

NON-FEDERAL SHARE

**TOTAL** This Period for the Non-Federal Share
(used for line 31 of the detailed summary page)

## SCHEDULE I (FEC Form 3X)

## AGGREGATION PAGE

## NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

| NAME OF COMMITTEE (In Full) | | |
|---|---|---|
| NAME OF ACCOUNT | Coverage Period<br>From: | To: |

| | COLUMN A<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE |
|---|---|---|
| **RECEIPTS**<br>(Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of $200 During the Calendar Year) | | |
| 1. TOTAL RECEIPTS: ..... | | |
| **DISBURSEMENTS:**<br>(Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of $200 During the Calendar Year) | | |
| 2. Transfers to Federal or Allocation Account for Allocable Expenses ..... | | |
| 3. Transfers to State/Local Party Organizations ..... | | |
| 4. Direct State/Local Candidate Support ..... | | |
| 5. Other Disbursements ..... | | |
| 6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5) ..... | | |
| **SUMMARY** | | |
| 7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) ..... | | |
| 8. RECEIPTS (from Line 1) ..... | | |
| 9. SUBTOTAL ..... | | |
| 10. DISBURSEMENTS (from Line 6) ..... | | |
| 11. ENDING CASH ON HAND. ..... | | |

23037953708

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 1-31-03 |
| ☐ | 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 | 1-31-03 DATE PREPARED |

(6/2000)