

**FEC  
FORM 3X**

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

RECEIVED  
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2020 JUN 25 AM 10:47  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MATHEWS COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street) P.O. BOX 1111

Check if different than previously reported. (ACC)

MATHEWS VA 23109

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

C 00682393

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 M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 10 / 01 / 2019 through 12 / 31 / 2019

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 PAMELA G. DE LISLE

Signature of Treasurer *Pamela G De Lisle* Date 04 / 24 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**MATHEWS COUNTY DEMOCRATIC COMMITTEE**

Report Covering the Period:

From:

10 / 01 / 2019

To:

12 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		4199.00
(b) Cash on Hand at Beginning of Reporting Period	6181.96	
(c) Total Receipts (from Line 19)	0.00	9084.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6181.96	
7. Total Disbursements (from Line 31)	1014.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5167.96	
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  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

11-11-2019 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 

M	M
10	01

 / 

D	D
01	01

 / 

Y	Y	Y	Y	Y	Y
2	0	1	9		

 To: 

M	M
12	31

 / 

D	D
31	31

 / 

Y	Y	Y	Y	Y	Y
2	0	1	9		

**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).....

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(ii) Unitemized.....

0.00
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9084.65
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(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0.00
------

9084.65
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(b) Political Party Committees.....

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(c) Other Political Committees (such as PACs).....

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(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00
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9084.65
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12. Transfers From Affiliated/Other Party Committees.....

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13. All Loans Received.....

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14. Loan Repayments Received.....

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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17. Other Federal Receipts (Dividends, Interest, etc.).....

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18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

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(b) Levin Funds (from Schedule H5).....

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(c) Total Transfers (add 18(a) and 18(b))..

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19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00
------

9084.65
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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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NON-FEDERAL RECEIPTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	▶		
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....		1614.00	7310.38
30. Federal Election Activity (52 U.S.C. § 30101(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))..			
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶		

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**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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)(i) and Line 21(b)) .....	[ ]	[ ]
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	[ ]	[ ]
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	[ ]	[ ]

NONPROFIT ORGANIZATION

**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

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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)					PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <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)  
**MATHEWS COUNTY DEMOCRATIC COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. POSTMASTER</b>			Date of Disbursement MM / DD / YYYY <b>10 / 02 / 2019</b>	
Mailing Address				
City <b>MATHEWS</b>	State <b>VA</b>	Zip Code <b>23109</b>	FEC Identification Number <b>C 00682393</b>	
Purpose of Disbursement <b>POST OFFICE BOX RENTAL</b>			Amount of Each Disbursement this Period <b>64.00</b>	
Candidate Name			Category/Type	
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:	<input type="checkbox"/> Memo Item			

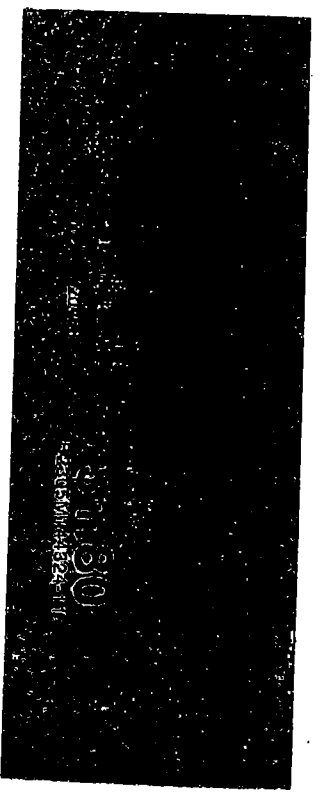
Full Name (Last, First, Middle Initial) <b>B. SOUTHWIND CAFE</b>			Date of Disbursement MM / DD / YYYY <b>12 / 18 / 2019</b>	
Mailing Address				
City <b>MATHEWS</b>	State <b>VA</b>	Zip Code <b>23109</b>	FEC Identification Number <b>C 00682393</b>	
Purpose of Disbursement <b>MATHEWS DEMS CHRISTMAS PARTY</b>			Amount of Each Disbursement this Period <b>950.00</b>	
Candidate Name			Category/Type	
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:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address				
City	State	Zip Code	FEC Identification Number	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name			Category/Type	
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:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	

ATHENS Co. Democratic Committee  
P.O. Box 1111  
ATHENS VA 23109

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**First Class Mail**

FEDERAL ELECTION Commission  
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WASHINGTON DC  
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NONPROFIT ORGANIZATION



Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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

*SPM*  
 PREPARER

*6/26/20*  
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20150626 10:00:00 AM