

2010 FEB 16 PM 12:31

**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

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street)

3234 NEVADA

Check if different than previously reported. (ACC)

ST CHARLES

LA

70220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00374306

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)
- Election on [MM] / [DD] / [YYYY] in the State of []

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

- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

07 / 01 / 2009

through

12 / 31 / 2009

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

Don Ruby

Signature of Treasurer

Don Ruby

Date

01 / 29 / 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

FEC FORM 3X
Rev. 12/2004

10030251786

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period: From: / / To: / /

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <input type="text" value="2009"/>	<input type="text" value="39588"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59196"/>
(c) Total Receipts (from Line 19)	<input type="text" value="679800"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="719287"/>
7. Total Disbursements (from Line 31)	<input type="text" value="276809"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="442478"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

10030251787

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2009 To: MM / DD / YYYY 12 / 31 / 2009

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).....

1,700.00

1,700.00

(ii) Unitemized.....

4,640.00

5,098.00

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

6,340.00

6,798.00

(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).....▶

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)).....▶

6,340.00

6,798.00

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

6,340.00

6,798.00

10030251788

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)	6,340.00	6,798.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,340.00	6,798.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,507.18	2,768.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,507.18	2,768.18

10030251790

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

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

FOR LINE NUMBER: PAGE 1 OF 2
(check only one)

<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
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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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

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

Mailing Address
3016 NORTHEDGE Pkwy

City **Amos** State **IA** Zip Code **50014**

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

Name of Employer **ISU** Occupation **PROFESSOR**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **20000**

Date of Receipt **10 / 18 / 2009**

Amount of Each Receipt this Period **20000**

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

Mailing Address
1578 13TH

City **Amos** State **IA** Zip Code **50010**

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

Name of Employer **None** Occupation **RETIRED**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt **10 / 18 / 2009**

Amount of Each Receipt this Period **20000**

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

Mailing Address
1622 MARWELL

City **Amos** State **IA** Zip Code **50010**

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

Name of Employer **IA** Occupation **RETIRED**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt **10 / 18 / 2009**

Amount of Each Receipt this Period **50000**

SUBTOTAL of Receipts This Page (optional).....▶ **90000**

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

10030251791

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

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

FOR LINE NUMBER: PAGE **2** OF **2**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) **ELIZABETH COYTE**
 Mailing Address **13969 DELTA CIRCLE BOX C**
 City **ROOFIELD** State **IA** Zip Code **50233**
 Date of Receipt **10 / 18 / 2009**
 Amount of Each Receipt this Period **30000**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ROOFIELD CLINIC** Occupation **PHYSICIAN ASST.**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) **BRIAN WYNJA**
 Mailing Address **1012 HOWZIKOR DR**
 City **AMES** State **IA** Zip Code **50010**
 Date of Receipt **10 / 18 / 2009**
 Amount of Each Receipt this Period **30000**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SMITH BARNEY** Occupation **FINANCIAL PLANNER**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) **ED FRIEDMAN**
 Mailing Address **1013 1ST ST. BOX C**
 City **ROOFIELD** State **IA** Zip Code **50233**
 Date of Receipt **10 / 18 / 2009**
 Amount of Each Receipt this Period **200.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ROOFIELD CLINIC** Occupation **PHYSICIAN ASST.**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... **800.00**
TOTAL This Period (last page this line number only)..... **1,700.00**

10030251792

**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)					
	<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A. ST. JOHN'S EPISCOPAL CHURCH

Full Name (Last, First, Middle Initial)

Mailing Address: **2338 LINCOLNWAY**

City: **AMES** State: **IA** Zip Code: **50011**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **10 / 15 / 2009**

Amount of Each Disbursement this Period: **20,000**

B. ST. JOHN'S EPISCOPAL CHURCH

Full Name (Last, First, Middle Initial)

Mailing Address: **2338 LINCOLNWAY**

City: **AMES** State: **IA** Zip Code: **50011**

Purpose of Disbursement: **FUND RAISER**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **10 / 21 / 2009**

Amount of Each Disbursement this Period: **10,000**

C. CURT SNOOK

Full Name (Last, First, Middle Initial)

Mailing Address: **802 CLARK**

City: **AMES** State: **IA** Zip Code: **50010**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **10 / 22 / 2009**

Amount of Each Disbursement this Period: **10,000**

SUBTOTAL of Disbursements This Page (optional).....▶ **40,000**

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

10030251794

**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 **3** OF **3**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

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

Mailing Address 3315 ROSS RD

City AMES State IA Zip Code 50014

Purpose of Disbursement FUNDRAISER

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 10/22/2009

Amount of Each Disbursement this Period: 100.00

B. Full Name (Last, First, Middle Initial) SOLY COUNTY DEMOCRATS

Mailing Address 2800 PINEHURST

City AMES State IA Zip Code 50014

Purpose of Disbursement FUNDRAISER

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 10/22/2009

Amount of Each Disbursement this Period: 512.07

C. Full Name (Last, First, Middle Initial) NORTH IOWA FAIR ASSOCIATION

Mailing Address 3200 4TH ST. NW

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement BOAT FOR CONVENTION

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 12/07/2009

Amount of Each Disbursement this Period: 400.00

SUBTOTAL of Disbursements This Page (optional)..... 1012.07

TOTAL This Period (last page this line number only)..... 2507.18

10030251795

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.

<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) <i>1/29/10</i>
<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

SL

2/16/10

PREPARER
(3/2005)

DATE PREPARED

10030251796