

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

ADDRESS (number and street)

14 W. MARSHALL STREET

Check if different than previously reported. (ACC)

NORRISTOWN

PA

19401

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00323253

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)

January 31 Quarterly 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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

PA

5. Covering Period

10

14

2004

through

11

22

2004

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

Alan Segal

Signature of Treasurer

Electronically Filed by Alan Segal

Date

12

01

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		790.15
(b) Cash on Hand at Beginning of Reporting Period	6195.70	
(c) Total Receipts (from Line 19)	4426.34	28004.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10622.04	28794.87
<hr/>		
7. Total Disbursements (from Line 31)	10597.01	28769.84
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25.03	25.03
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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. 02/2003)

Page 3

Write or Type Committee Name

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

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)	1300.00	
(ii) Unitemized	750.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	2050.00	5550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	21000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3050.00	26550.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1376.34	1451.34
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4426.34	28004.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4426.34	28004.72

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) 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2300.00
24. Independent Expenditure (use Schedule E).....	10597.01	26469.84
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10597.01	28769.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10597.01	28769.84

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)	3050.00	26550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3050.00	26550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	1376.34	1451.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1376.34	-1451.34

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

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

FOR LINE NUMBER: PAGE 6 / 12

(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)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Full Name (Last, First, Middle Initial) A. Judith W. Coyne		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 99 Reed Ave.		Transaction ID: SA11A1.4227
City Pelham Manor	State NY	Zip Code 10803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert Crowell		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 180 Elm St Suite 1		Transaction ID: SA11A1.4215
City Pittsfield	State MA	Zip Code 01201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Eliza R. Hewes		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 7 Water St.		Transaction ID: SA11A1.4221
City Housatonic	State MA	Zip Code 01238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 12

(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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NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Full Name (Last, First, Middle Initial) A. Robert B. Wheaton		Date of Receipt M / D / Y 10 / 21 / 2004	
Mailing Address 288 Elm St		Transaction ID: SA11A1.4223	
City Concord	State MA	Zip Code 01742	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	1300.00

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

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

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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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NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Full Name (Last, First, Middle Initial) A. INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 298D Southhampton Rd.		Transaction ID: SA11C.4231
City Philadelphia	State PA	Zip Code 19154
FEC ID number of contributing federal political committee. C C00000885		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

Full Name (Last, First, Middle Initial) A. Pennsylvania Victory 2004		Date of Receipt M / D / Y 10 / 18 / 2004
Mailing Address 510 N. 3rd St		Transaction ID: SA15.4234
City Harrisburg	State PA	Zip Code 17101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1376.34
Name of Employer	Occupation	Rent, Phones, and Office Expenses
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1376.34	

SUBTOTAL of Receipts This Page (optional)	▶	1376.34
TOTAL This Period (last page this line number only)	▶	1376.34

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

NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

FED IDENTIFICATION NUMBER
C C00323253

Check if 24-hour notice 48-hour notice

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

Date
M M / D D / Y Y Y Y
11 / 10 / 2004

Mailing Address
212 Beecher Ave.

Amount
3594.25

City State Zip Code
Cheltenham PA 19012

Transaction ID: SE24.4246
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/ Type 006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 26469.84

Disbursement For: Primary General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
Paper Crane Press

Date
M M / D D / Y Y Y Y
10 / 20 / 2004

Mailing Address
801 Concord Rd.

Amount
1234.90

City State Zip Code
Glen Mills PA 19342

Transaction ID: SE24.4240
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/ Type 006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 21133.73

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	4829.15
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
<p>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.</p>	
Signature _____	Date M M / D D / Y Y Y Y

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

NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

FED IDENTIFICATION NUMBER
C C00323253

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
Paper Crane Press

Date
M / N / D E / Y Y Y
10 / 25 / 2004

Mailing Address
8D1 Concord Rd.

Amount
1198.86

City State Zip Code
Glen Mills PA 19342

Transaction ID: SE24.4242
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
006

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 22832.59

Disbursement For: Primary General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
Pennsylvania Victory 2004

Date
M / N / D E / Y Y Y
10 / 14 / 2004

Mailing Address
510 N. 3rd St.

Amount
4026.00

City State Zip Code
Harrisburg PA 17101

Transaction ID: SE24.4237
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
Contribution 011

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 19898.83

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	5224.86
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
<p>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.</p>	
Signature	Date

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

NAME OF COMMITTEE (In Full)
MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCT

FED IDENTIFICATION NUMBER
C C00323253

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
Pennsylvania Victory 2004

Date
M / N / D E / Y Y Y
1 0 / 2 2 / 2 0 0 4

Mailing Address
510 N. 3rd St.

Amount
500.00

City State Zip Code
Harrisburg PA 17101

Transaction ID: SE24.4239
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/ Type 011

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 21633.73

Disbursement For: Primary General 2004
Other (specify): _____

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

Date
M / N / D E / Y Y Y
1 0 / 2 9 / 2 0 0 4

Mailing Address
Main St.

Amount
43.00

City State Zip Code
Norristown PA 19401

Transaction ID: SE24.4244
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/ Type 001

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 22875.59

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	543.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	10597.01

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.

Date M / N / D E / Y Y Y

Signature