

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2014 APR 21 AM 11:35 FEC MAIL CENTER

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

12FE4M5

MISSOURI FEDERATION OF WOMEN'S DEMOCRATIC CLUBS

ADDRESS (number and street)

3083 MARK LANE

Check if different than previously reported. (ACC)

POPLAR BLUFF

MO

63901

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00530008

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(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)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY 01 / 01 / 2014

MM / DD / YYYY 01 / 01 / 2014

MM / DD / YYYY 01 / 01 / 2014

through

MM / DD / YYYY 03 / 31 / 2014

MM / DD / YYYY 03 / 31 / 2014

MM / DD / YYYY 03 / 31 / 2014

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 Karen S. Slicer

Signature of Treasurer

Karen S. Slicer

Handwritten signature of Karen S. Slicer

Date

MM / DD / YYYY 04 / 12 / 2014

MM / DD / YYYY 04 / 12 / 2014

MM / DD / YYYY 04 / 12 / 2014

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

14031223812

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MISSOURI FEDERATION OF WOMEN'S DEMOCRATIC CLUBS

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1,	YYYY 2014	10572.81
(b) Cash on Hand at Beginning of Reporting Period.....	10572.81	
(c) Total Receipts (from Line 19).....	499.00	499.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11071.81	11071.81
7. Total Disbursements (from Line 31).....	1115.00	1115.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9956.81	9956.81
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

14031223813

DETAILED SUMMARY PAGE
of Disbursements

14031223815

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	365.00	365.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	365.00	365.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	250.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	1115.00	1115.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1115.00	1115.00

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)	499.00	499.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	499.00	499.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	365.00	365.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	365.00	365.00

14031223816

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XT
Transaction ID :

The Committee is requesting for approval to terminate registration as a federal political committee. The ending cash on hand at the close of the reporting period will be used for nonfederal purposes. The Committee will no longer participate in federal election activity in excess of \$ 1,000 per calendar year.

14031223817

Form/Schedule:
Transaction ID:

**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 7 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)
MISSOURI FEDERATION OF WOMEN'S DEMOCRATIC CLUBS

Full Name (Last, First, Middle Initial)

A. MISSOURI DEMOCRATIC STATE COMMITTEE

Mailing Address P. O. BOX 719

City State Zip Code
JEFFERSON CITY MO 65102

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y
02		03		2014

Transaction ID : SB23.4199

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. MISSOURI DEMOCRATIC STATE COMMITTEE

Mailing Address P. O. BOX 719

City State Zip Code
JEFFERSON CITY MO 65102

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y
02		17		2014

Transaction ID : SB23.4200

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

--

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

500.00

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

500.00

14031223818

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MISSOURI FEDERATION OF WOMEN'S DEMOCRATIC CLUBS

Full Name (Last, First, Middle Initial)

A. National Federation of Women Democratic Clubs

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
02	09	2014

Mailing Address 1100 Alvarado SE

Transaction ID : SB29.4201

City State Zip Code
Albuquerque NM 87108

Amount of Each Disbursement this Period

Amount
250.00

Purpose of Disbursement
Donation

Category/Type

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
----------------	----------------	----------------

Mailing Address

Amount of Each Disbursement this Period

Amount

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
----------------	----------------	----------------

Mailing Address

Amount of Each Disbursement this Period

Amount

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

Amount
250.00

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

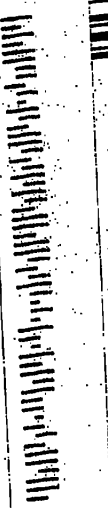
Amount
250.00

14031223819

4031223820

Karen Slice
3083 Mark
Poplar Bluff, MO 63901

7014 0150 0002 1230 2592



1000



20463

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14031223821

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/15/14
<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



PREPARER
(8/2013)

4/21/14
DATE PREPARED