

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2007 JUL 26 PM 2:12 Office Use Only

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

Democratic Party of Nez Perce County

ADDRESS (number and street) 35222 Ruckman Rd

Check if different than previously reported. (ACC) Reubens ID 83548

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

C00022517

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of XX

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of XX

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 Nathan Weeks

Signature of Treasurer Nathan Weeks Date MM / DD / YYYY

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									
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FEC FORM 3X
Rev. 12/2004

27039484838

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Democratic Party of Nez Perce County

Report Covering the Period:

From:

M M M ' 0 1 ' 2 0 0 7

To:

M M M ' 0 6 ' 3 0 ' 2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="checkbox"/> 2 0 0 7		<input type="checkbox"/> 7 8 2 2 1
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="checkbox"/> 7 8 2 2 1	
(c) Total Receipts (from Line 19)	<input type="checkbox"/> 5 0 5 3 5 2	<input type="checkbox"/> 5 0 5 3 5 2
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="checkbox"/> 5 8 3 5 7 3	<input type="checkbox"/> 5 8 3 5 7 3
7. Total Disbursements (from Line 31)	<input type="checkbox"/> 4 2 6 3 1 7	<input type="checkbox"/> 4 2 6 3 1 7
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="checkbox"/> 1 5 7 2 5 6	<input type="checkbox"/> 1 5 7 2 5 6
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="checkbox"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="checkbox"/>	



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

27039484839

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Democratic Party of Nez Perce County

Report Covering the Period: From:

MM DD YYYY
01 01 2007

To:

MM DD YYYY
06 30 2007

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).....

54560

54560

(ii) Unitemized

200792

200792

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

255352

255352

(b) Political Party Committees

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

250000

250000

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

505352

505352

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)).....▶

505352

505352

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

505352

505352

27039484840

DETAILED SUMMARY PAGE
of Disbursements

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	4,263.17	4,263.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4,263.17	4,263.17
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 (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. Federal Election Activity (2 U.S.C. §431(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))..	4,263.17	4,263.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,263.17	4,263.17

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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)	505352	505352
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	505352	505352
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	426317	426317
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	426317	426317

27039484842

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 1 OF 3
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
	<input type="checkbox"/> 17	

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)
Democratic Party of Nez Perce County

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

Mailing Address
328 Vista

City Lewiston State ID Zip Code 83501

FEC ID number of contributing federal political committee. C

Name of Employer Keeton & Tait Occupation Attorney

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
03 / 30 / 2007

Amount of Each Receipt this Period
420.00

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

Mailing Address
328 Vista

City Lewiston State ID Zip Code 83501

FEC ID number of contributing federal political committee. C

Name of Employer Keeton & Tait Occupation Attorney

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
04 / 15 / 2007

Amount of Each Receipt this Period
10.00

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

Mailing Address
328 Vista

City Lewiston State ID Zip Code 83501

FEC ID number of contributing federal political committee. C

Name of Employer Keeton & Tait Occupation Attorney

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
05 / 15 / 2007

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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

27039484843

**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 3
(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)
Democratic Party of Nez Perce County

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

Mailing Address
328 Vista

City **Lewiston** State **ID** Zip Code **83501**

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

Name of Employer **Keeton & Tait** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
48000

Date of Receipt
06 / 15 / 2007

Amount of Each Receipt this Period
1000

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

Mailing Address
328 Vista

City **Lewiston** State **ID** Zip Code **83501**

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

Name of Employer **Keeton & Tait** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50500

Date of Receipt
06 / 25 / 2007

Amount of Each Receipt this Period
2500

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

Mailing Address
35222 Puckman Rd

City **Reubens ID** State **ID** Zip Code **83548**

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

Name of Employer **Tyler & Kelly** Occupation **Controller**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20050

Date of Receipt
05 / 15 / 2007

Amount of Each Receipt this Period
3530

SUBTOTAL of Receipts This Page (optional).....▶ **7030**

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

27039484844

**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 3 OF 3	
	<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)
Democratic Party of Nez Perce County

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

Mailing Address
35222 Ruckman Rd

City *Renbens* State *ID* Zip Code *83548*

FEC ID number of contributing federal political committee. C

Name of Employer *Tyler & Kelly* Occupation *Controller*

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2,358.0

Date of Receipt
06 / 19 / 2007

Amount of Each Receipt this Period
35.30

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ *35.30*

TOTAL This Period (last page this line number only) ▶ *545.60*

27039484845

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

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

FOR LINE NUMBER: PAGE / OF

(check only one)

11a 11b 11c 12

13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Party of Nez Perce County

Full Name (Last, First, Middle Initial)
A. John Rusche for House

Mailing Address
PO Box 972

City **Lewiston** State **ID** Zip Code **83501**

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

Name of Employer **Retired** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000

Date of Receipt
6.1 / 0.8 / 2007

Amount of Each Receipt this Period
250000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

21055404040

**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 1 OF 2	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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)
Democratic Party of Nez Perce County

A. *City of Lewiston*

Date of Disbursement: *03 / 29 / 2007*

Mailing Address: *PO Box 617*

City: *Lewiston* State: *ID* Zip Code: *83501*

Purpose of Disbursement: *Transit Signs* Category/Type: *004*

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period: *42000*

B. *Antonios*

Date of Disbursement: *02 / 24 / 2007*

Mailing Address: *1407 Main St*

City: *Lewiston* State: *ID* Zip Code: *83501*

Purpose of Disbursement: *Luncheon* Category/Type: *007*

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period: *207.21*

C. *Steeleg Print*

Date of Disbursement: *01 / 30 / 2007*

Mailing Address: *201 C St*

City: *Lewiston* State: *ID* Zip Code: *83501*

Purpose of Disbursement: *GOTV materials* Category/Type: *007*

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period: *798.66*

SUBTOTAL of Disbursements This Page (optional) *142587*

TOTAL This Period (last page this line number only)

27039484847

**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 2 OF 2
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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)
Democratic Party of Nez Perce County

A. Sne Storey

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 2136**

City: **Lewiston** State: **ID** Zip Code: **83501**

Purpose of Disbursement: **Canvassing Efforts**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 / 30 / 2007**

Amount of Each Disbursement this Period: **140000**

Category/Type: **007**

B. Coleman Oil

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 1308**

City: **Lewiston** State: **ID** Zip Code: **83501**

Purpose of Disbursement: **Oil for Heat - Headquarters**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **01 / 29 / 2007**

Amount of Each Disbursement this Period: **27190**

Category/Type: **001**

C. Nez Perce County Fair

Full Name (Last, First, Middle Initial)

Mailing Address: **1229 Burrell Ave**

City: **Lewiston** State: **ID** Zip Code: **83501**

Purpose of Disbursement: **Fair Booth Space Rental**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 / 05 / 2007**

Amount of Each Disbursement this Period: **20000**

Category/Type: **004**

SUBTOTAL of Disbursements This Page (optional) ▶ **187190**

TOTAL This Period (last page this line number only) ▶ **329777**

27039484848

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
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<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

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

<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/19/07</i>	
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
---	-------------------------------

	<i>7/26/07</i>
PREPARER	DATE PREPARED

27039484849