REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 OCT 10 A 10: 16

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Reform Party of California Convention 2001

ADDRESS (number and street) ☑ Check if different than previously reported
P.O. Box 4913

CITY, STATE and ZIP CODE
Chatsworth, CA 91313

2. FEC IDENTIFICATION NUMBER
C00364638

3. ☐ This committee has qualified as a multicandidate committee (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On.

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/2001 through 9/30/2001		
6. (a)	Cash on Hand January 1, 2001		$ 0.00
(b)	Cash on Hand at Beginning of Reporting Period	$ 3222.50	
(c)	Total Receipts (from Line 19)	$ 200.88	$ 6222.65
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3423.38	$ 6222.65
7.	Total Disbursements (from Line 30)	$ 223.38	$ 3022.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3200.00	$ 3200.00
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)	$ 3000.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

Type or Print Name of Treasurer
MARK LAUTERMAN

Signature of Treasurer
Mark Lauterman

Date
10/3/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FEDRN095

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Reform Party of California Convention 2001

REPORT COVERING PERIOD FROM 7/1/2001 TO 9/30/2001

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0 —	0 —	11(a)(i)
ii. Unitemized	200.88	3072.65	11(a)(ii)
iii. Total (add i and ii) ➤	200.88	3072.65	11(a)(iii)
b. Political Party Committees	0 —	0 —	11(b)
c. Other Political Committees (such as PACs)	0 —	0 —	11(c)
d. Total Contributions (add a iii, b and c) ➤	200.88	3072.65	11(d)
12. Transfers From Affiliated/Other Party Committees	0 —	3150 —	12
13. All Loans Received	0 —	0 —	13
14. Loan Repayments Received	0 —	0 —	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0 —	0 —	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 —	0 —	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0 —	0 —	17
18. Transfers from Nonfederal Account for Joint Activity	0 —	0 —	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	200.88	6222.65	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	200.88	6222.65	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0 —	0 —	21(a)(i)
ii. Non-Federal Share	223.38	3022.65	21(a)(ii)
b. Other Federal Operating Expenditures	0 —	0 —	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	223.38	3022.65	21(c)
22. Transfers to Affiliated/Other Party Committees	0 —	0 —	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 —	0 —	23
24. Independent Expenditures (use Schedule E)	0 —	0 —	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0 —	0 —	25
26. Loan Repayments Made	0 —	0 —	26
27. Loans Made	0 —	0 —	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0 —	0 —	28(a)
b. Political Party Committees	0 —	0 —	28(b)
c. Other Political Committees (such as PACs)	0 —	0 —	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0 —	0 —	28(d)
29. Other Disbursements	0 —	0 —	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	223.38	3022.65	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	223.38	3022.65	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	200.88	3072.65	32
33. Total Contribution Refunds (from line 28d)	0 —	0 —	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	200.88	3072.65	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0 —	0 —	35
36. Offsets to Operating Expenditures (from line 15)	0 —	0 —	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0 —	0 —	37

FE0AN008

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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)

Reform Party of California Convention 2001 7/1/2001 - 9/30/2001

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Royal Copenhagen Inn 1579 Mission Drive Solvang, CA 93463	Meeting Room Paid by Marilyn Taylor Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		$172.50
B. Full Name, Mailing Address and ZIP Code Wells Fargo 8812 Corbin Avenue Northridge, CA 91324	Purpose of Disbursement Fees, New Checks Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/31/01 8/2/01	Amount of Each Disbursement This Period $50.88
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $223.38

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

FEQAN099

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ___ of ___ (b)
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full) RPCa Conv. 2001	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Marilyn Tighe 8215 Phyllis Pl. San Diego, CA 92123	$172.50	-$172.50	zero	zero
Nature of Debt (Purpose): meeting Room Reimbursement waved				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reform Party of California P.O. Box 4913 Chatsworth, CA 91313	$3000 —	zero	zero	$3000 —
Nature of Debt (Purpose): funded by parent organization				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	$3000 —
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

FE0AN099

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 10-2-01
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	10-10-01 DATE PREPARED

(6/2000)