

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

OCT -6 A 9 38 Office Use Only

1. NAME OF COMMITTEE (to full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 15

PALM BEACH COUNTY HUMAN RIGHTS COUNCIL

FEDERAL PAC

ADDRESS (number and street)

115 PARK PLACE

Check if different than previously reported. (ACC)

WEST PALM BEACH

FL

33401

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000392654

3. IS THIS REPORT

NEW

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)

Jul 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jun 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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07 31 2004

through

09 30 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

DANIEL S. HALL

Signature of Treasurer

[Handwritten Signature]

Date

10 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PALM BEACH CO. HUMAN RIGHTS COUNCIL FEB PAC

Report Covering the Period:

From:

07 01 2004

To:

10 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		
(b) Cash on Hand at Beginning of Reporting Period	69514	
(c) Total Receipts (from Line 19)	10000	581500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79514	581500
7. Total Disbursements (from Line 31)	50730	569112
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28784	12384
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2008)

Page 3

Write or Type Committee Name

PALEO BRANCH (P) HUMAN RIGHTS COUNCIL FED. PAC

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

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).....	100.00	5,815.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100.00	5,815.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(i)-(c), and (b)) (Carry Totals to Line 33, page 5).....▶	100.00	5,815.00
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)).....▶	100.00	5,815.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100.00	5,815.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3K (Rev. 02/2013)

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	409 30	569 16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	507 30	569 16
22. Transfers to Affiliated/Other Party		
23. 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. Loans 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(2C))		
(a) Allocated Federal Election Activity (from Schedule H8)		
(i) Federal Share		
(ii) "Levy" 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(c), 29 and 30(c))	507 30	569 16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	507 30	569 16

DETAILED SUMMARY PAGE
of Disbursements

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

100.00
100.00
507.30
507.30

5695.00
5695.00
5691.16
5691.16

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)

PALM BEACH CO. HUMAN RIGHTS COUNCIL FED. PAC.

Full Name (Last, First, Middle Initial)

A. DANIEL S. HALL

Date of Receipt

08 23 2004

Mailing Address

715 PARK PLACE

City

WEST PALM BEACH

State

FL. 33401

Zip Code

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

SELF

Occupation

LAWYER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Full Name (Last, First, Middle Initial)

B.

Date of Receipt

08 23 2004

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Full Name (Last, First, Middle Initial)

C.

Date of Receipt

08 23 2004

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

100.00
100.00

**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	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	30b

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NAME OF COMMITTEE (in full)
PALM BEACH CO. HUMAN RIGHTS COUNCIL FED PAC

A

Full Name (Last, First, Middle Initial): **WACHOVIA BANK**

Date of Disbursement: **09 JUL 2009**

Mailing Address: **WEST PALM BEACH, FL.**

City: **WEST PALM BEACH** State: **FL.** Zip Code: **33405**

Purpose of Disbursement: **SERVICE CHARGE**

Candidate Name: _____

Category Type: _____

Amount of Each Disbursement this Period: **5230**

Office Sought: _____ Disbursement For: Primary General Other (specify) **SERVICE CHG.**

State: _____ District: _____

B

Full Name (Last, First, Middle Initial): **POST OFFICE**

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: **STAMPS**

Candidate Name: _____

Category Type: _____

Amount of Each Disbursement this Period: **4950**

Office Sought: _____ Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C

Full Name (Last, First, Middle Initial): _____

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Category Type: _____

Amount of Each Disbursement this Period: _____

Office Sought: _____ Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional): **50730**

TOTAL This Period (last page this line number only): **50730**

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10-1-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery 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
<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
JMP PREPARER	10-6-04 DATE PREPARED