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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 AUG 11 A 8:59

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12PP4M5

REFORM PARTY OF THE UNITED STATES OF AMERICA

ADDRESS (number and street) ▼ 8350 NW 21 ST

Check if different than previously reported. (ACC) MIDANDRY FL 32667-7482

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

C 00 231 314

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- X 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 ____ In the State of ____

5. Covering Period 07 01 2004 through 08 05 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 WILLIAM D. CHAPMAN, SR

Signature of Treasurer William D. Chapman Sr. Date 08 05 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.

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FEC FORM 3X (Rev. 02/2003)

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