

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 AUG 8 PM 12:11

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

Civil Democrats

ADDRESS (number and street) 1355 E 60th St

Check if different than previously reported. (ACC)

Coucou KA 7552-8

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

C60455382

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:

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 01 / 01 / 2017 through 06 / 30 / 2017

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 Michael Hawkins

Signature of Treasurer Michael Hawkins Date 07 / 29 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

2017-08-08 PM 12:11

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="574.81"/>	<input type="text" value="574.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="574.81"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="5134.77"/>	<input type="text" value="5134.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5709.58"/>	<input type="text" value="5709.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4585.44"/>	<input type="text" value="4585.44"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1124.14"/>	<input type="text" value="1124.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

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

NON-PROFIT CORPORATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CMCLO Democrats

Report Covering the Period:

From:

07 / 01 / 2017

To:

06 / 30 / 2017

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

200 -
44,347.77
51,347.77

200 -
44,347.77
51,347.77

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

.....
.....
.....

.....
.....
.....

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)).....▶

51,347.77

51,347.77

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

.....

.....

2017-08-08 09:00:00

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		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45,854.44	45,854.44
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	45,854.44	45,854.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	45,854.44	45,854.44

2017-08-08 10:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	56,347.77	56,347.77
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56,347.77	56,347.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45,854.44	45,854.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45,854.44	45,854.44

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER: PAGE 4 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
COCCO Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ~~Reynher, Alice~~ Reynher, Alice

Mailing Address
2750 Sierra Sunrise Ter #7

City Cocco State CA Zip Code 95529

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) SELF Occupation (for Individual) Retired

Receipt For: Primary General Other (specify) OFF YEAR
Aggregate Year-to-Date 200.-

Date of Receipt
03 / 11 / 2017

Amount of Each Receipt this Period
200.-

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Laura Joplin

Mailing Address
~~3447 L...~~ P.O. Box 680

City Cocco State CA Zip Code 95527

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) SELF Occupation (for Individual) Retired

Receipt For: Primary General Other (specify) OFF YEAR
Aggregate Year-to-Date 200.00

Date of Receipt
03 / 08 / 2017

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wardner, Penny

Mailing Address
P.O. Box 3323

City Cocco State CA Zip Code 95527

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) SELF Occupation (for Individual) Retired

Receipt For: Primary General Other (specify) OFF YEAR
Aggregate Year-to-Date 300.-

Date of Receipt
02 / 15 / 2017

Amount of Each Receipt this Period
300.-

Memo Item

SUBTOTAL of Receipts This Page (optional) 700.-
TOTAL This Period (last page this line number only) 700.-

NON-PROFIT ORGANIZATION

**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 10

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Chico Democrats

Full Name (Last, First, Middle Initial)

A.

Full Name (Last, First, Middle Initial): BO's Printing

Mailing Address: P.O. Box 5214

City: Chico State: CA Zip Code: 95927

Purpose of Disbursement: Printing

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) OVER YEAR

State: _____ District: _____

Date of Disbursement: 01 / 09 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 1,000 -

Memo Item

B.

Full Name (Last, First, Middle Initial): BO's Printing

Mailing Address: P.O. Box 5214

City: Chico State: CA Zip Code: 95927

Purpose of Disbursement: Printing

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) OVER YEAR

State: _____ District: _____

Date of Disbursement: 07 / 15 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 500 -

Memo Item

C.

Full Name (Last, First, Middle Initial): BO's Printing

Mailing Address: P.O. Box 5217

City: Chico State: CA Zip Code: 95927

Purpose of Disbursement: Printing

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) OVER YEAR

State: _____ District: _____

Date of Disbursement: 08 / 10 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 1,000 -

Memo Item

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

2,500 -

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

2017-08-08 10:00:00 AM

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

PAGE 3 OF 10

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)
Civil Democrats

A. Full Name (Last, First, Middle Initial)
Bob Holland, Bob

Date of Disbursement
04 / 17 / 2017

Mailing Address
P.O. Box 2029

City
Civil State
CA Zip Code
95527

Purpose of Disbursement
Podase Office Supplies

Candidate Name
[] Category/Type
[]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **OFF YEAR**

State: District:
OFF YEAR

FEC Identification Number
C

Amount of Each Disbursement this Period
165.58

Memo Item

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

Date of Disbursement
04 / 17 / 2017

Mailing Address
1358 Belmont

City
Civil State
CA Zip Code
95528

Purpose of Disbursement
Making Prep

Candidate Name
[] Category/Type
[]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **OFF YEAR**

State: District:
OFF YEAR

FEC Identification Number
C

Amount of Each Disbursement this Period
450.00

Memo Item

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

Date of Disbursement
04 / 28 / 2017

Mailing Address
1358 Belmont

City
Civil State
CA Zip Code
95528

Purpose of Disbursement
Postage

Candidate Name
[] Category/Type
[]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **OFF YEAR**

State: District:
OFF YEAR

FEC Identification Number
C

Amount of Each Disbursement this Period
147.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... **762.58**

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

2017-04-10 10:00:00 AM

**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 9 OF 10		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CHICO DEMOCRATS

A.

Full Name (Last, First, Middle Initial)
Mullholland, Bob

Date of Disbursement
MM / DD / YYYY
02 / 16 / 2017

Mailing Address
P.O. Box 2079

City
CHICO State
CA Zip Code
98927

Purpose of Disbursement
Postage / Office Supplies

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **OFF YEAR**

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
267.21

Memo Item

B.

Full Name (Last, First, Middle Initial)
ZANDER, Claudine

Date of Disbursement
MM / DD / YYYY
01 / 27 / 2017

Mailing Address
803 HATHAWAY ST

City
MOSCOW State
ID Zip Code
83843

Purpose of Disbursement
List Maintenance / Data

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **OFF YEAR**

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
300

Memo Item

C.

Full Name (Last, First, Middle Initial)
ZANDER, Claudine

Date of Disbursement
MM / DD / YYYY
02 / 09 / 2017

Mailing Address
803 HATHAWAY ST

City
MOSCOW State
ID Zip Code
83843

Purpose of Disbursement
DATA

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **OFF YEAR**

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
309.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... **873.44**

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

NOT FOR FILING

**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 10 OF 10

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Couco Democrats

A. Resnick, Carla
 Full Name (Last, First, Middle Initial)
 Mailing Address: ~~3000 ...~~ P.O. Box 4335
 City: Couco State: CA Zip Code: 95977
 Purpose of Disbursement: Graphic Design
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) OFF YEAR
 State: _____ District: _____
 Date of Disbursement: 03 / 01 / 2017
 FEC Identification Number: C
 Amount of Each Disbursement this Period: 220.-
 Memo Item

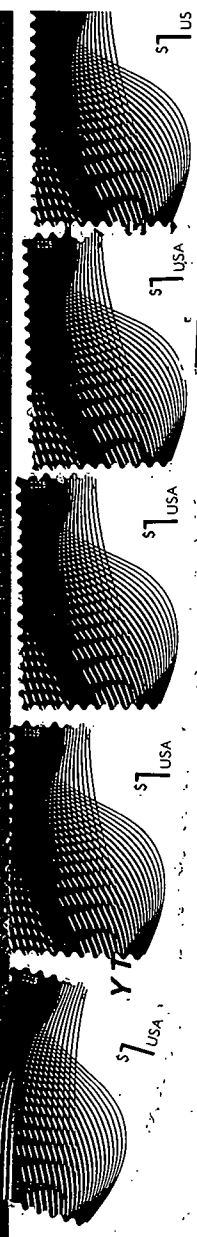
B. Resnick, Carla
 Full Name (Last, First, Middle Initial)
 Mailing Address: ~~3000 ...~~ P.O. Box 4335
 City: Couco State: CA Zip Code: 95977
 Purpose of Disbursement: Graphic Design
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) OFF YEAR
 State: _____ District: _____
 Date of Disbursement: 05 / 01 / 2017
 FEC Identification Number: C
 Amount of Each Disbursement this Period: _____
 Memo Item

C. Resnick, Carla
 Full Name (Last, First, Middle Initial)
 Mailing Address: ~~3000 ...~~ P.O. Box 4335
 City: Couco State: CA Zip Code: 95977
 Purpose of Disbursement: Graphic Design
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) OFF YEAR
 State: _____ District: _____
 Date of Disbursement: 06 / 30 / 2017
 FEC Identification Number: C
 Amount of Each Disbursement this Period: 70.40
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 400.40
 TOTAL This Period (last page this line number only).....▶ _____





2017-06-01 10:00:00 AM

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* Domestic only

WHEN USED INTERNATIONALLY,
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LABEL MAY BE REQUIRED.

FROM: Chico Democrats
 P.O. Box 4924
 Chico, CA 95527

TO:

FEDERAL Election Commission
 999 E ST NW
 Washington, DC 20463

RECEIVED
 FEC MAIL CENTER
 2017 AUG -8 PM 12:11



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 type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 8/8/2017
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" 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 *MP*
 (3/2015)

8/8/2017
 DATE PREPARED

20170808 10:00:00 AM