# 2016 : 01 : 29 : 03 : 00042920

FEC FORM 3X

Only

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2016 JAN 29 AM 10: 22

Office Use Only NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. 16 CHING COUNTY VEMICEPTIC GONEN'S GARGES ADDRESS (number and street) Check if different than previously QHreported. (ACC) STATE A CITY A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ IS THIS **AMENDED** REPORT (N) OR (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Mar 20 (M3) Dec 20 (M12) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) State of Election on Covering Period through 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 Date Signature of Treasurer 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 **FEC FORM 3X** Use Rev. 12/2004

	SUMN	<b>MARY</b>	<b>PAGE</b>	
OF	<b>RECEIPTS</b>	AND D	SBURSEN	/ENTS

FEC Form 3X (Rev. 02/2003)

Page 2

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a	a) Cash on Hand January 1,	•	
(t	b) Cash on Hand at Beginning of Reporting Period	6178	
(0	c) Total Receipts (from Line 19)		198.70
(0	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		354.9
—- 7. Т	otal Disbursements (from Line 31)		JH 6 70
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))		35.5
ti	Debts and Obligations Owed TO The Committee (Itemize all on Schedule C and/or Schedule D)		
tl	Debts and Obligations Owed BY The Committee (Itemize all on Schedule C and/or Schedule D)		

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETA	11 ED	CILBA		PAGE
		SUIM	MAKY	PALTE

FEC Form 3X (Rev. 06/2004)	of Receipts	Page <b>3</b>		
Write or Type Committee Name				
Lichnellandy Veneralic Woman's Caucis				
Report Covering the Period: From:	7 7 7 3475 T	o: [20] 3.] [20]S		
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	145	///5		
(i) Itemized (use Schedule A)				
(ii) Unitemized		2320		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	10000000000000000000000000000000000000	26.70		
(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				
<ol><li>Offsets To Operating Expenditures</li></ol>				
(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	s ————————————————————————————————————			
(a) Non-Federal Account				
(from Schedule H3)				
(b) Levin Funds (from Schedule H5)				
(c) Total Transfers (add 18(a) and 18(b))				
(c) local fransiers (add fota) and fotb)				
19. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	10.5	1.28.70		
20. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶				
(,,				

## **DETAILED SUMMARY PAGE**

of Disbursements

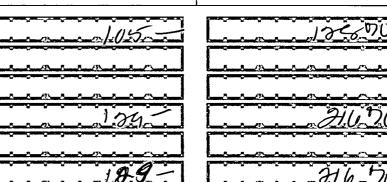
FEC Form 3X (Rev. 02/2003)

Page 4

	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)		purpose and the second
	(i) Federal Share		
	(ii) Non-Federal Share	24-	11110
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	24	1-20
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees		
	and Other Political Committees	105	500
24.	Independent Expenditures		
25.	(use Schedule E)		
26.	Loan Repayments Made		
27.	Loans MadeRefunds of Contributions To:		
28.	(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		
	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))		0.47.ma
	20, 24, 20, 20, 27, 20(0), 29 and 30(0))		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

### **DETAILED SUMMARY PAGE**

of Disbursements



Page 5

**COLUMN B** 

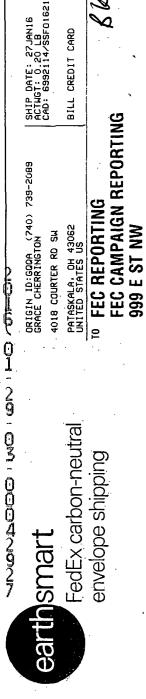
Calendar Year-to-Date

37. Offsets to Operating Expenditures

36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........▶

SCHEDOLL A (FLO FORM SA)	Use separate schedule(s)	(shock only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)  11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  Luy my Cundy De	mecritic Won	ren's Cancus
Full Name (Last, First, Middle Initial)  A. However the Mailing Address		Date of Receipt
City Quadral Leur to Me	10 20 2015	
FEC ID number of contributing federal political committee.	4300 1	Amount of Each Receipt this Period
Name of Employer  NCHred  Receipt For:  Aggregation		In has for
Primary General  Other (specify) ▼	te Year-to-Date ▼	In 400 for Postage
Full Name (Last, First, Middle Initial)  B.		Date of Receipt
Mailing Address  City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation	on	
Receipt For:  Primary General  Other (specify) ▼  Aggregat	te Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.	<del></del>	Date of Receipt
Mailing Address		المحمدما المعما السمعا
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupati	on	
Receipt For:  Primary General  Other (specify) ▼  Aggrega	te Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1.05
TOTAL This Period (last page this line number only)	<u> </u>	

SCHEDULE B (FEC Form 3X) Use separate so		FOR LINE NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	for each category of the	(check only one)	23 24 25 26
	Detailed Summary Page	27 28a 2	28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Lichney County	Democruti	Woman's	-WELLS
Full Name (Last, First, Myddle Initial)	$C \Omega I I$	Date of Disb	ursement
Mailing Addrass L	to Votaly	1a DU	90/5
City V 1	State Zip Code		
Purpose of Disbursement	H 43067		
Candidate Name		(10-10)	ach Disbursement this Period
melissa.	6,55m	Category/ Type	
Office Sought: House Disburse:	ment For: Primary General		
President	Other (specify)	1	MINC
State: District:	···-		
Full Name (Last, First, Middle Initial)  B.		Date of Disk	ursement
		/	0 V 0 7 /   V V V V V V V V V V V V V V V V V V
Mailing Address			
City	State Zip Code		···
Purpose of Disbursement			
, diposo of Dioxonosmoni		Amount of E	ach Disbursement this Period
Candidate Name		Category/	
Office Sought:   House   Disburse	ment For:	Type L	
Senate	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)	<u> </u>	<del></del>	,
C.		Date of Disk	ursement
Mailing Address		/	PAB / AAAAAA
		الستسا	
City	State Zip Code		
Purpose of Disbursement			
Candidate Name			ach Disbursement this Period
		Category/ Type	
Office Sought: House Disburse	ment For:    Primary   General		
President	Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional).			17.
SUBJECTACE OF DISDUISEMENTS THIS Fage (optional).			
TOTAL This Period (last page this line number only	·)		



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USPS Priority Mail	Postmarked				
USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark	·				
Overnight Delivery Service (Specify): Fed Ex  Next Business	Shipping Date    /27 / 16  Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	ceipt or Postmarked				
PREPARER	1/29/16 DATE PREPARED				
(3/2015)					