

**FEC  
FORM 3X**

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

RECEIVED  
2014 DEC 23 AM 7:03  
Office Use Only

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

16th Congressional District Democratic Party of WI

ADDRESS (number and street) 1211 Cranberry Court  
 Check if different than previously reported. (ACC) Waldo WI 53093

2. **FEC IDENTIFICATION NUMBER ▼** C 00274407 **CITY ▲** **STATE ▲** **ZIP CODE ▲**  
 3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports: <input checked="" type="checkbox"/> April 15 Quarterly Report (Q1) <input type="checkbox"/> July 15 Quarterly Report (Q2) <input type="checkbox"/> October 15 Quarterly Report (Q3) <input type="checkbox"/> January 31 Year-End Report (YE) <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY) <input type="checkbox"/> 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	M M / D D / Y Y Y Y			in the State of
	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
	Election on	M M / D D / Y Y Y Y			in the State of

5. Covering Period 01 01 2014 through 03 31 2014

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 Anita Klein  
 Signature of Treasurer Anita Klein Date 12 22 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

6th CD Democratic Party of WI

Report Covering the Period: From:

<sup>M</sup>01<sup>M</sup>'<sup>D</sup>01<sup>D</sup>'<sup>Y</sup>2014<sup>Y</sup>

To:

<sup>M</sup>03<sup>M</sup>'<sup>D</sup>31<sup>D</sup>'<sup>Y</sup>2014<sup>Y</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> 2014 <sup>Y</sup>		4,410.98
(b) Cash on Hand at Beginning of Reporting Period.....	4,410.98	
(c) Total Receipts (from Line 19).....	30.69	30.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,441.67 <del>30.69</del>	4,441.67
7. Total Disbursements (from Line 31).....	5.60	5.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,436.07	4,436.07
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. 06/2004)

Page 3

Write or Type Committee Name

6th CD Democratic Party of WI

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 01 / 01 / 2014 To: <sup>M M / D D / Y Y Y Y</sup> 03 / 31 / 2014

UNBORN - FIN - HOS - IN

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.....	, 30.69	,
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 30.69	,
(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)).....▶	, 30.69	,
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 30.69	,

**DETAILED SUMMARY PAGE**  
of Disbursements

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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)) .....	5.60	
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 .....		
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))..	5.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5.60	

FROM FORM 10434

**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) .....	30.69	
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30.69	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5.60	
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5.60	

UNION - TIME - HOURS

POSTAGE WILL BE PAID BY ADDRESSEE

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PAID  
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AMOUNT  
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Treasury Dept  
200 Conkling Court  
Washington DC 20503

PAYMENT BY ACCOUNT (if applicable)

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If this box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE ( )  
Autobank  
200 Conkling Court  
Washington DC 20503  
20503

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

<b>ORIGIN (POSTAL SERVICE USE ONLY)</b>		<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	53073	12/24/14	Postage	\$ 19.99
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	12/23/14	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	\$
Time Accepted	10:30 AM Delivery Fee	11:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Return Receipt Fee	\$
Weight	Sunday/Holiday Premium Fee	lbs. ozs.	\$	Live Animal Transportation Fee	\$
	Acceptance Employee Initials			Total Postage & Fees	\$ 19.99
<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>					
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature				
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature				

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9999 3-ADDRESSEE COPY

USED INTERNATIONALLY,  
CUSTOMS DECLARATION  
FORM MAY BE REQUIRED.



July 2013 OD: 12.5 x 9.5



UNITED STATES

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.

Hand Delivered Date of Receipt

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USPS Priority Mail Express Postmarked  
12/23/14

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

*JAP*  
PREPARER

12/29/14  
DATE PREPARED

1101-1001-1001