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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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

ELEVENTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

ADDRESS (number and street) ▼ 2815 HARTLAND ROAD SUITE 110

☒ Check if different than previously reported. (ACC)

FALLS CHURCH — CITY ▲ — VA — STATE ▲ — 22043 — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00267385

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2005 through 12 / 31 / 2005

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 SHARON E. STARK

Signature of Treasurer [signature] Date 01 / 30 / 2006

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. 12/2004

FESAN015

25050395554

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ELEVENTH CONGRESSIONAL DIST. DEMOCRATIC COMM. OF VA

Report Covering the Period: From: 01 / 01 / 2005 To: 12 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		828.60
(b) Cash on Hand at Beginning of Reporting Period	828.60	
(c) Total Receipts (from Line 19)	7,269.46	7,269.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8,098.06	8,098.06
7. Total Disbursements (from Line 31)	5,990.72	6,133.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,107.34	1,964.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	Ø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	Ø	

☐ 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

FESAN015

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Eleventh Congressional Dist. Democratic Committee of VA

Report Covering the Period: From: 07 / 01 / 2005 To: 12 / 31 / 2005

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)	125000	
(ii) Unitemized	600000	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	725000	
(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) ▶	725000	
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)	1946	
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)) ▶	726946	
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	726946	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	Ø	Ø
(ii) Non-Federal Share	Ø	Ø
(b) Other Federal Operating Expenditures	599072	613342
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	599072	613342
22. Transfers to Affiliated/Other Party Committees	Ø	Ø
23. Contributions to Federal Candidates/Committees and Other Political Committees	Ø	Ø
24. Independent Expenditures (use Schedule E)	Ø	Ø
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	Ø	Ø
26. Loan Repayments Made	Ø	Ø
27. Loans Made	Ø	Ø
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	Ø	Ø
(b) Political Party Committees	Ø	Ø
(c) Other Political Committees (such as PACs)	Ø	Ø
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	Ø	Ø
29. Other Disbursements	Ø	Ø
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	Ø	Ø
(ii) "Levin" Share	Ø	Ø
(b) Federal Election Activity Paid Entirely With Federal Funds	Ø	Ø
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	Ø	Ø
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	599072	613342
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	599072	613342

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	725000	725000
34. Total Contribution Refunds (from Line 28(d))	Ø	Ø
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	725000	725000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	599072	613342
37. Offsets to Operating Expenditures (from Line 15, page 3)	1946	1946
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	597126	611396

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

[X] 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)
ELEVENTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A.
Full Name (Last, First, Middle Initial): LANGLEY, SUCHADA
Mailing Address: 2435 FLINT HILL ROAD
City: VIENNA State: VA Zip Code: 22181
FEC ID number of contributing federal political committee: C
Name of Employer: U.S. GOV'T. Occupation: ECONOMIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 08 / 18 / 2005
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): TRAVERS, ANDREW T.
Mailing Address: 1932 FRANKLIN STREET
City: McLEAN State: VA Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: WACHOVIA MTGE. Occupation: LOAN OFFICER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 08 / 18 / 2005
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): STARK, SHARON E.
Mailing Address: 10106 COMMUNITY LANE
City: FAIRFAX STATION State: VA Zip Code: 22039
FEC ID number of contributing federal political committee: C
Name of Employer: BANNER TITLE Occupation: PRESIDENT/CO-OWNER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00
Date of Receipt: 08 / 18 / 2005
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,250.00

TOTAL This Period (last page this line number only) ▶ 1,250.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

PAGE 1 OF 1

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) ELEVENTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A.
Full Name (Last, First, Middle Initial): UNITED STATES POSTAL SERVICE
Mailing Address: 8409 LEE HIGHWAY
City: MERRIFIELD State: VA Zip Code: 22081
Purpose of Disbursement: POSTAGE - FUNDRAISER INVITATIONS
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 26 / 2005
Amount of Each Disbursement this Period: 919.64

B.
Full Name (Last, First, Middle Initial): SHERATON PREMIERE HOTEL
Mailing Address: 8661 LEESBURG PIKE
City: VIENNA State: VA Zip Code: 22182
Purpose of Disbursement: SITE RENTAL/FOOD FOR FUNDRAISER
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 5,000.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 5,919.64

TOTAL This Period (last page this line number only) ▶ 5,919.64

FESAN015

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) ELEVENTH CONGRESSIONAL DIST. DEMOCRATIC COMMITTEE OF VIRGINIA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

Interest Rate % (apr)

Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ $0

TOTALS This Period (last page in this line only) ▶ $0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE | OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full) ELEVENTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

NONE

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period $

1) **SUBTOTALS** This Period This Page (optional) ▶	$
2) **TOTALS** This Period (last page this line number only) ▶	$
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	$
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶	$

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE / OF /
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ELEVENTH CONGRESSIONAL DIST. DEMOCRATIC COMM. OF VA

FEC IDENTIFICATION NUMBER ▼ C

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Date M M / D D / Y Y Y Y

Mailing Address

Amount

City State Zip Code

none

Purpose of Expenditure

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date M M / D D / Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ Ø

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶ Ø

(c) **TOTAL** Independent Expenditures ▶ Ø

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date 03 / 30 / 2006

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) ELEVENTH CONGRESSIONAL DIST. DEMOCRATIC COMMITTEE OF VA

☐ Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☐ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

none

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

SUBTOTAL of Expenditures This Page (optional) ▶ $0

TOTAL This Period (last page this line number only) ▶ $0

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
☐ USPS First Class Mail	Postmarked
☑ USPS Registered/Certified	Postmarked (R/C) 1/31/06
☐ USPS Priority Mail	Postmarked
	Delivery Confirmation™ or Signature Confirmation™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
	Next Business 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):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 2/8/06

(3/2005)