

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2015 AUG -6 AM 9:03
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DEMOCRATIC CLUB OF CLAREMONT

ADDRESS (number and street)

P.O. BOX 11201

Check if different than previously reported. (ACC)

CLAREMONT CA 91711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C100404319

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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

01 / 01 / 2015

through

06 / 30 / 2015

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

CAROL WHITSON

Signature of Treasurer

Carol Whitson

Date

07 / 31 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC CLUB OF CLAREMONT

Report Covering the Period:

From:

01 / 01 / 2015

To:

06 / 30 / 2015

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2015	325319	325319
(b) Cash on Hand at Beginning of Reporting Period.....	3253.19	
(c) Total Receipts (from Line 19).....	2105.27	2105.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5358.46	5358.46
7. Total Disbursements (from Line 31).....	2117.14	2117.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3241.32	3241.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



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

DEMOCRATIC CLUB OF CLAREMONT

Report Covering the Period: From: **01 / 01 / 2015** To: **06 / 30 / 2015**

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).....	250.00	250.00
(ii) Unitemized.....	1,855.27	1,855.27
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	2,105.27	2,105.27
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	2,105.27	2,105.27
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2,105.27	2,105.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,105.27	2,105.27

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	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2,117.14	2,117.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,117.14	2,117.14
22. Transfers to Affiliated/Other Party		
Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2,117.14	2,117.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,117.14	2,117.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	21,052.27	21,052.27
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21,052.27	21,052.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21,177.14	21,177.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21,177.14	21,177.14

UNCORRECTED COPY

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **6** OF **16**
(check only one)
 11a 13 11b 14 11c 15 12 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)
DEMOCRATIC CLUB OF CLAREMONT

A. Full Name (Last, First, Middle Initial)
LAURA DITTE LO

Mailing Address
1018 ALAMOSA DR

City **CLAREMONT CA** State Zip Code **91711**

FEC ID number of contributing federal political committee: **C**

Name of Employer **SELF** Occupation **IMPORTER/SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 24 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **250.00**

TOTAL This Period (last page this line number only).....▶ **250.00**

2015-04-24 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 7 OF 10

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)

DEMOCRATIC CLUB OF CLAREMONT

Full Name (Last, First, Middle Initial)

A. **PILGRIM PLACE**

Mailing Address

625 MAYFLOWER RD

City State Zip Code

CLAREMONT, CA 91711

Purpose of Disbursement

CONTRIBUTION FOR USE OF MEETING SPACE

0.1.2
Category/
Type

Date of Disbursement

02 / 10 / 2015

Amount of Each Disbursement this Period

250.00

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

Disbursement For: Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. **CALIFORNIA DEMOCRATIC PARTY #1276582**

Mailing Address

1401 21st ST, SUITE 200

City State Zip Code

SACRAMENTO CA 95811

Purpose of Disbursement

LIABILITY INSURANCE

0.0.1
Category/
Type

Date of Disbursement

03 / 21 / 2015

Amount of Each Disbursement this Period

550.00

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

Disbursement For: Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. **EXTRA SPACE STORAGE**

Mailing Address

775 MILLS AVE

City State Zip Code

CLAREMONT CA 91711

Purpose of Disbursement

STORAGE UNIT FEE

0.0.1
Category/
Type

Date of Disbursement

01 / 07 / 2015

Amount of Each Disbursement this Period

293.00

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

Disbursement For: Primary General
 Other (specify) ▼

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

1,093.00

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

1,093.00

**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)	PAGE 8 OF 10
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <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	

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NAME OF COMMITTEE (In Full)
DEMOCRATIC CLUB OF CLAREMONT

A.

Full Name (Last, First, Middle Initial) **CAROLEE MONROE**

Date of Disbursement **01 / 10 / 2015**

Mailing Address **1015 N. INDIAN HILL BLVD**

City **CLAREMONT** State **CA** Zip Code **91711**

Purpose of Disbursement **STUDENT OUTREACH - CHS DEMS**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period **43.08**

B.

Full Name (Last, First, Middle Initial) **CAROLEE MONROE**

Date of Disbursement **02 / 23 / 2015**

Mailing Address **1015 N. INDIAN HILL BLVD**

City **CLAREMONT** State **CA** Zip Code **91711**

Purpose of Disbursement **STUDENT OUTREACH - CHS DEMS**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period **124.62**

C.

Full Name (Last, First, Middle Initial) **CAROLEE MONROE**

Date of Disbursement **03 / 10 / 2015**

Mailing Address **1015 N. INDIAN HILL BLVD.**

City **CLAREMONT** State **CA** Zip Code **91711**

Purpose of Disbursement **STUDENT OUTREACH - CHS DEMS**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period **107.70**

SUBTOTAL of Disbursements This Page (optional)..... **275.40**

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

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
27	28a	28b	28c	29	30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC CLUB OF CLAREMONT

Full Name (Last, First, Middle Initial)

A.

CAROLEE MONROE

Date of Disbursement

03 / 21 / 2015

Mailing Address

1015 N. INDIAN HILL BLVD

City State Zip Code

CLAREMONT CA 91711

Purpose of Disbursement

STUDENT OUTREACH - CHS DEMS

Candidate Name

Category/Type

Amount of Each Disbursement this Period

49.25

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

CAROLEE MONROE

Date of Disbursement

04 / 25 / 2015

Mailing Address

1015 N. INDIAN HILL BLVD

City State Zip Code

CLAREMONT CA 91711

Purpose of Disbursement

STUDENT OUTREACH - CHS DEMS

Candidate Name

Category/Type

Amount of Each Disbursement this Period

115.85

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

CAROLEE MONROE

Date of Disbursement

05 / 09 / 2015

Mailing Address

1015 N. INDIAN HILL BLVD.

City State Zip Code

CLAREMONT CA 91711

Purpose of Disbursement

STUDENT OUTREACH - CHS DEMS

Candidate Name

Category/Type

Amount of Each Disbursement this Period

53.85

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

219.45

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

**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

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC CLUB OF CLAREMONT

Full Name (Last, First, Middle Initial)

A.

CAROLEE MONROE

Date of Disbursement

05 / 14 / 2015

Mailing Address

1015 N. INDIAN HILL BLVD.

City **CLAREMONT** State **CA** Zip Code **91711**

Purpose of Disbursement

STUDENT OUTREACH - CHS DEMS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

64.63

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

CAROLEE MONROE

Date of Disbursement

06 / 24 / 2015

Mailing Address

1015 N. INDIAN HILL BLVD.

City **CLAREMONT** State **CA** Zip Code **91711**

Purpose of Disbursement

REIMBURSE FOR JULY 4th EVENT - BOOTH FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

05 / 14 / 2015

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.39.63

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

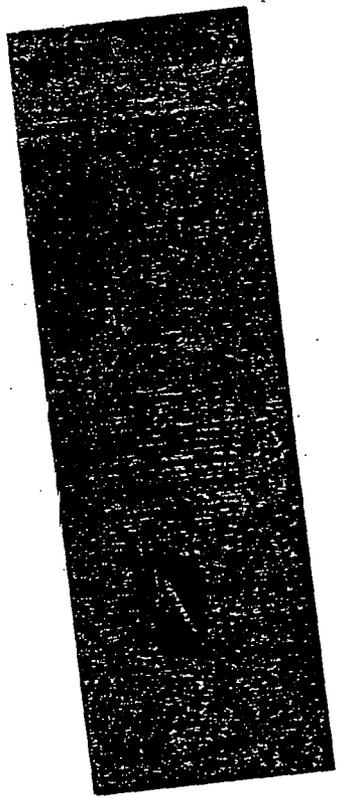
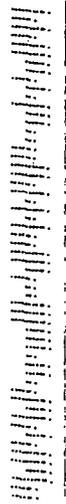
SUBTOTAL of Disbursements This Page (optional).....▶

1.39.63

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

1,727.48

000001-0001WB:MB:00:01-01-01



Carol Whitson
3938 Hampton Dr.
Pomona, CA 91766-4655

Federal Elections Commission
999 E Street NW
Washington DC 20463

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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 checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 7/31/15	8/6/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input 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

MP

PREPARER
(3/2015)

8/6/2015

DATE PREPARED

2015-08-06 10:00:00 AM