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2004 JUL 26 P 12 13

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) TYPE OR PRINT

BURKH HORTON BUTLER CHARTER FC
POLITICAL ACTION COMMITTEES

ADDRESS (number and street)

1155 COMMERCIAL COURT AVENUE NW

Check if different than previously reported. (ACC)

WASHINGTON DC 20004-7308

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00383588

X NEW

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15
-
-

(b) Monthly Report Due On:

Feb 15 (M2)

May 20 (M5)

Aug 20 (M8)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

12-Day

PRE-Election Report for this:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

R runoff (12R)

30-Day

POST-Election Report for this:

General (30G)

R runoff (30R)

Special (30S)

5. Covering Period

07/01/2004

through

06/30/2004

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

DOUGLAS S FULLER

Signature of Treasurer

Douglas S Fuller

Date

07 26 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Other Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form BX (Rev. 02/2003)

Page 2

Write or Type Committee Name

BIRCH, HORTON, BITNER & CHEROT, P.C. P/A/C

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	1,124.64	1,124.64
(b) Cash on Hand at Beginning of Reporting Period	1,306.41	
(c) Total Receipts (from Line 18)	6,516.00	8,215.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,822.41	9,336.64
7. Total Disbursements (from Line 31)	3,500.00	4,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,322.41	4,586.64
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 IM)

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

Write or Type Committee Name

BUNCH, HORTON, BITTNER & CHEST, P.C. P/C

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

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).....	7,965.00	7,965.00
(ii) Unitemized.....	- 0 -	- 0 -
(ii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7,965.00	7,965.00
(b) Political Party Committees.....	- 0 -	- 0 -
(c) Other Political Committees (such as PACs).....	- 0 -	- 0 -
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 39, page 5).....▶	7,965.00	7,965.00
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.....	250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	- 0 -	- 0 -
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Accounts (from Schedule H8).....	- 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)).....▶	8,215.00	8,215.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8,215.00	8,215.00

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)		
(i) Federal Share	3945	8859
(ii) Non-Federal Share	-0-	-0-
(b) Other Federal Operating Expenditures	-0-	-0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3945	8859
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	350000	475000
24. Independent Expenditures (see Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see 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) "Levy" 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))	350000	475000
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(c)(ii) from Line 31)	350000	475000

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(c), page 8)	6516.00	6516.00
34. Total Contribution Refunds (from Line 20(d))	- 0 -	- 0 -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6516.00	6516.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39.45	39.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	- 0 -	- 0 -
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39.45	39.45

**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 OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
BIRCH, HORTON, BITTNER & CHEROT PAC

A. Full Name (Last, First, Middle Initial)
CHEROT, SARAH ANNE

Mailing Address
2542 LEBLANC DRIVE

City **ANCHORAGE** State **AK** Zip Code **99517**

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

Name of Employer: **DMBC** Occupation: **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1,000.00**

Date of Receipt
05 ' 28 ' 2004

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
LEWIN, HARVEY A.

Mailing Address
5844 MARBURY RD.

City **BETHESDA** State **MD** Zip Code **20817**

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

Name of Employer: **DMBC** Occupation: **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **200.00**

Date of Receipt
05 ' 28 ' 2004

Amount of Each Receipt this Period
200.00

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

Mailing Address
117 West 11th Avenue

City **ANCHORAGE** State **AK** Zip Code **99501**

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

Name of Employer: **DMBC** Occupation: **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **2,000.00**

Date of Receipt
05 ' 18 ' 2004

Amount of Each Receipt this Period
3,000.00

SUBTOTAL of Receipts This Page (optional) **3,200.00**

TOYAL This Period (last page this line number only)

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

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

FOR LINE NUMBER		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. MULLER, DOUGLAS S.

Mailing Address

13 WEST OAK Street

City

ALEXANDRIA

State

VA

Zip Code

22301

FEC ID number of contributing federal political committee.

C

Name of Employer

ETHC

Occupation

ATTORNEY

Receipt For:

Primary
 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

05 / 24 / 2004

Amount of Each Receipt this Period

540.00 *

* Payroll Deduction

Full Name (Last, First, Middle Initial)

B. BIRN, RONALD G.

Mailing Address

7025 TRAIL RIDGE TERRACE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing federal political committee.

C

Name of Employer

ETHC

Occupation

ATTORNEY

Receipt For:

Primary
 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 24 / 2004

Amount of Each Receipt this Period

750.00 *

* Payroll Deduction

Full Name (Last, First, Middle Initial)

C. PROVIER, TINA

Mailing Address

718 R Street

City

ARCHAHOPE

State

AK

Zip Code

91501

FEC ID number of contributing federal political committee.

C

Name of Employer

ETHC

Occupation

ATTORNEY

Receipt For:

Primary
 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

05 / 24 / 2004

Amount of Each Receipt this Period

1025.00 *

* Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

916.00

TOTAL This Period (last page this line number only)

916.00

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

Use separate schedule(a) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 113	<input type="checkbox"/> 114	<input type="checkbox"/> 115	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 18	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be relied on 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)
BIRCH, HORTON, BUTNER & CHEROT PAC

A. Full Name (Last, First, Middle Initial)
HORN, WILLIAM P.

Mailing Address
1013 MONTVIDEO SQ. CT.

City **Falls Church** State **VA** Zip Code **22043**

FEC ID number of contributing federal political committee
C

Name of Employer
BHBC Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **15000.00**

Date of Receipt
05 ' 18 ' 2004

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KLINKNER, THOMAS E.

Mailing Address
1540 West 13th Avenue

City **Anchorage** State **AK** Zip Code **99501-4215**

FEC ID number of contributing federal political committee
C

Name of Employer
BHBC Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **10000.00**

Date of Receipt
06 ' 07 ' 2004

Amount of Each Receipt this Period
1000.00

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

Mailing Address
P.O. BOX 1079257

City **Chugiak** State **AK** Zip Code **99507**

FEC ID number of contributing federal political committee
C

Name of Employer
BHBC Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **300.00**

Date of Receipt
05 ' 24 ' 2004

Amount of Each Receipt this Period
150.00 *
 * PARTIAL DEDUCTION

SUBTOTAL of Receipts This Page (optional) **21300.00**

TOTAL This Period (last page this line number only) **21300.00**

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BYRON HORTON BITTNER'S CAMPAIGN, INC

A. Full Name (Last, First, Middle Initial)
CUSH CASHNEY III

Mailing Address
P.O. BOX 10648

City **ARLINGTON VA** State **VA** Zip Code **22210**

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) **REFUND ACCESS CONTRIBUTION**

Aggregate Year-to-Date **25000**

Date of Receipt
06 / 27 / 2004

Amount of Each Receipt this Period
25000

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)	25000
TOTAL This Period (last page this line number only)	451600

**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	OF
	<input type="checkbox"/> 21a	<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"/> 30a		

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):
KUHL, HORTON, BUTNER & CHEROT, P.C. PAC

Full Name (Last, First, Middle Initial) A. NORMAN DICKS FOR CONGRESS COMMITTEE		Date of Disbursement 08 17 2004
Mailing Address P.O. Box 1463		Amount of Each Disbursement this Period 500.00
City TULSA	State WA	
Zip Code 98401		Category/Type
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
Candidate Name NORMAN DICKS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
State: WA District: 6		

Full Name (Last, First, Middle Initial) B. RICH PAC		Date of Disbursement 05 20 2004
Mailing Address P.O. Box 1652-1		Amount of Each Disbursement this Period 1000.00
City ALYANDRIA	State VA	
Zip Code 22305		Category/Type
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION		
Candidate Name RICHARD ROMBO		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
State: CA District: 11		

Full Name (Last, First, Middle Initial) C. SALAZAR FOR SENATE		Date of Disbursement 08 24 2004
Mailing Address 3140 CHASE STREET		Amount of Each Disbursement this Period 2000.00
City DENVER	State CO	
Zip Code 80212		Category/Type
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
Candidate Name KEN SALAZAR		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
State: CO District: 01		

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	3500.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)
 Mailing Address
 City State ZIP Code

Exclusion:
 Primary
 General
 Other (specify)

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS
 Date Incurred Date Due Interest Rate Secured
 / / / / % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

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

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, amount of this draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.52(e)(2) and 100.142(e)(2). Date account established: _____		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE _____	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the execution of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE _____	
Title			

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
30

NAME OF COMMITTEE (in full)

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

N/A

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

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)	FEC IDENTIFICATION NUMBER <u>C</u>
Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>AAA</u>	Date MM / DD / YYYY
Mailing Address	Amount \$
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date For Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount \$
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date For Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$
(b) SUBTOTAL of Unitemized Independent Expenditures	\$
(c) TOTAL Independent Expenditures	\$

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 MM / DD / YYYY

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 _____ OF _____
FOR LINE 25 OF FORM 8X

NAME OF COMMITTEE (in Full) N/A				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		First Name of Subvoters Committee			
Mailing Address		Mailing Address			
City		State		Zip Code	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="checkbox"/> Category Type	
Mailing Address		Date		<input type="checkbox"/>	
City		State		Zip Code	
Name of Federal Candidate Supported		Office Sought		Amount	
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(3)(441a-1))	
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="checkbox"/> Category Type	
Mailing Address		Date		<input type="checkbox"/>	
City		State		Zip Code	
Name of Federal Candidate Supported		Office Sought		Amount	
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(3)(441a-1))	
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="checkbox"/> Category Type	
Mailing Address		Date		<input type="checkbox"/>	
City		State		Zip Code	
Name of Federal Candidate Supported		Office Sought		Amount	
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(3)(441a-1))	
Aggregate General Election Expenditure for this Candidate ▶					
SUBTOTAL of Expenditures This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶					

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committee Only)**

NAME OF COMMITTEE (In Full)

N/A

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support - Federal..... %

Estimated Direct Candidate Support - Non-Federal..... %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support - Federal..... %

Actual Direct Candidate Support - Non-Federal.....

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full) N/A

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefits expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY**

PAGE OF
 FROM LINE 18A OF FORM 3X

NAME OF COMMITTEE (In Full) N/A

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<input type="text"/>
TOTAL This Period (Generic Voter Drive)	<input type="text"/>
TOTAL This Period (Exempt Activities)	<input type="text"/>
TOTAL This Period (Direct Fundraising)	<input type="text"/>
TOTAL This Period (Direct Candidate Support)	<input type="text"/>
TOTAL This Period (Total Amount Transferred)	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS OF ALLOCATED
FEDERAL/NON-FEDERAL ACTIVITY

PAGE OF
FORM LINE 21a OF FORM 3X

NAME OF COMMITTEE (in Full) *N/A*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier

Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier

Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier

Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

TOTAL This Period (next page for each line only) (Federal share to 21(a)(3) and Non-Federal share to 21(a)(4))

FEDERAL SHARE		NON-FEDERAL SHARE	=	TOTAL AMOUNT

TOTAL This Period for the Non-Federal Share

		NON-FEDERAL SHARE	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE: 01
FOR LINE 18B OF FORM 3X

NAME OF COMMITTEE (in Full)	N/A
-----------------------------	-----

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

**SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (in Full)		
N/A		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (For Column B, use cash as of January 1st)		
8. RECEIPTS (From Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF

FOR LINE NUMBER:
 (check only one) 1B 2

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)

N/A

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt This Period</p> <p>Aggregate Year-to-Date</p>
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt This Period</p> <p>Aggregate Year-to-Date</p>
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt This Period</p> <p>Aggregate Year-to-Date</p>
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt This Period</p> <p>Aggregate Year-to-Date</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>		
<p>TOTAL This Period (last page this line number only)</p>		

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF
 (check only one) 4a 4c 5
 4b 4d

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) N/A

A. Full Name (Last, First, Middle Initial) / Full Organization Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Date of Disbursement: [] / [] / []
 Amount of Each Disbursement this Period: []

B. Full Name (Last, First, Middle Initial) / Full Organization Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Date of Disbursement: [] / [] / []
 Amount of Each Disbursement this Period: []

C. Full Name (Last, First, Middle Initial) / Full Organization Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Date of Disbursement: [] / [] / []
 Amount of Each Disbursement this Period: []

D. Full Name (Last, First, Middle Initial) / Full Organization Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Date of Disbursement: [] / [] / []
 Amount of Each Disbursement this Period: []

E. Full Name (Last, First, Middle Initial) / Full Organization Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Date of Disbursement: [] / [] / []
 Amount of Each Disbursement this Period: []

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

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

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

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 select contributions from such committee.

NAME OF COMMITTEE (in full) N/A

A. 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: _____

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) _____ ▶

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

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-26-04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>JL</i> PREPARER (5/2004)	7-26-04 DATE PREPARED