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GOVERNMENT OF DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, DC 20009

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES/PRINCIPAL CAMPAIGNS OR POLITICAL COMMITTEES
(See reverse side for Instructions)
SUMMARY PAGE

RECEIVED
CAMPAIGN FINANCE
2009 JAN 28 10 34 AM '09

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) WARD THREE DEMOCRATIC COMMITTEE PAC SUP 020085	2. OCF Identification Number PAC SUP 020085
Address (Number and Street) 4000 CATHEDRAL AVE, NW APT 601-B	3. Is this report an Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
City, State and Zip Code WASHINGTON, DC 20016	<input type="checkbox"/> Check if address is different from previously reported.

4. TYPE OF REPORT

January 31 Year End July 31 Mid Year December 10 Termination Report

March 10 August 10 8 Day Pre-Primary Other _____

June 10 October 10 8 Day Pre-General

This REPORT contains activity for: Primary Election General Election Special Election Presidential Primary Other

SUMMARY		COLUMN A THIS PERIOD	COLUMN B CUM. TO-DATE (PCC) <input type="checkbox"/> CUM. YEAR-TO-DATE (PAC) <input checked="" type="checkbox"/>
5. Covering Period	12-6-08 through 1-27-09		
6. (a) Cash on Hand (January 31 st Year End Report Only)		\$ 1669.46	\$ 1669.46
(b) Cash on Hand at Beginning of Reporting Period		\$ 1669.46	—
(c) Total Receipts [from Line (16)]		\$ 1010.00	\$ 1010.00
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]		\$ 2679.46	\$ 2679.46
7. Total Expenditures (from Line 22)		\$ 0-	\$ 0-
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]		\$ 2679.46	\$ 2679.46
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)		/	/
10. (a) Loans Owed BY the Committee or Candidate (itemize all on Schedule E)		/	/
(b) Loans Owed TO Committee or Candidate (itemize all on Schedule E-1)		/	/

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information, contact:

Office of Campaign Finance
Frank D. Reeves Municipal Bldg.
2000 14th Street, NW, Suite 433
Washington, D.C. 20009
(202) 671-6547

Horace KRETTZMAN
Type or Print Name of Treasurer (Name of Candidate, if Candidate is reporting)

Horace Krettzman
Signature of Treasurer (Signature of Candidate, if Candidate is reporting)

1-28-09
Date

NOTE: Submission of late, false, erroneous, or incomplete information may subject the person signing this report to the penalties of D.C. Official Code §§ 1-1103.05 and 1-1107.01(2001 Edition).

All previous versions of OCF FORM 16 should no longer be used.

OCF FORM 16
Rev. 09/2005

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SCHEDULE A

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Committee (Name of Candidate, if Candidate is reporting)
WARD THREE DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and Zip Code CAROL SHAPIRO 4526 HAWTHORNE ST, NW WASHINGTON, DC 20016		Name and Address of Employer D. C. GOVT. EMPLOYMENT SVCS.	Date (month, day, year) 1-7-09	Amount of Each Receipt This Period \$ 100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other(specify)		
		Aggregate Year-To-Date- \$ 100-		

~~B. Full Name, Mailing Address and Zip Code~~

~~Name and Address of Employer~~

~~Date (month, day, year)~~

~~Amount of Each Receipt This Period~~

~~Contributor Type~~

~~Occupation~~

~~Contribution Type:~~

~~Receipt For:~~

~~Aggregate Year-To-Date- \$~~

~~C. Full Name, Mailing Address and Zip Code~~

~~Name and Address of Employer~~

~~Date (month, day, year)~~

~~Amount of Each Receipt This Period~~

~~Contributor Type~~

~~Occupation~~

~~Contribution Type:~~

~~Receipt For:~~

~~Aggregate Year-To-Date- \$~~

SUBTOTAL receipts for this page..... **100 -**

TOTAL This Period (Aggregate the subtotal of all Receipt Pages)..... **100 -**

