REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

			Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)				
Check if different than previously reported. (ACC)				
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY 🛦	STATE A	ZIP CODE ▲
C		IS THIS NEW REPORT (N) OF	AMENDEI (A)	D
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	b 20 (M2) May 20 (Mar 20 (M3) Jun 20 (M		year Only) Dec 20 (M12) (Non-Election
April 15 Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31 Year-End Report (Y) July 31 Mid-Year	(c) 12-Day PRE-Election Report for the: (d) 30-Day	Primary (12P) Convention (12C)	Oct 20 (M10) General (12G) Special (12S)	Year Only) Jan 31 (YE) Runoff (12R) in the State of
Report (Non-election Year Only) (MY) Termination Report (TER)	Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	M / D D / Y D Y	through	M / D = D / Y = Y	
I certify that I have examined th Type or Print Name of Treasure	-	of my knowledge and belief it is	true, correct and comp	lete.
Signature of Treasurer			Date	/
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person signing	g this Report to the pena	ulties of 2 U.S.C. §437g.
Office Use			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE

FEC Forn	3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Co	mmittee Name		
Report Covering	the Period: From:	To	D:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on I Janua			
(b) Cash on I Beginning	Hand at of Reporting Period		
(c) Total Rece	eipts (from Line 19)		
6(c) for C	add Lines 6(b) and olumn A and Lines 6(c) for Column B)		
7. Total Disburse	ments (from Line 31)		
8. Cash on Hand Reporting Perion (subtract Line			
the Committee	igations Owed TO (Itemize all on ad/or Schedule D)		
	igations Owed BY (Itemize all on ad/or Schedule D)		
This comm	ittee has qualified as a mu	Iticandidate 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)

Write or Type Committee Name Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)......▶ (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)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share	7 7 7	
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
22	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	7 7 1 7	7
	Committees		
	Contributions to Federal Candidates/Committees and Other Political Committees		
	Independent Expenditures		
25.	(use Schedule E)		7
	(2 U.S.C. §441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
28.	Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees	7 7	7 7
	(such as PACs)		
		,	, ,
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		7 7
29.	Other Disbursements		
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share		
	(i) i sustai stiais		
	(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))▶		7
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	<u></u>	
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) **COLUMN A COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: **PAGE** OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11b 12 11c Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

9 9 9

SCHEDULE B (FFC Form 3X)

SCHEDULE B (FEC FUIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE (check only one)	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)			
A.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem		Туре	
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B.			Data of Dishuraament
ь.			Date of Disbursement
Mailing Address			W - W / B - B / T - T - T - T
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem	nent For:	Туре	
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Durance of Dishamon	1		
Purpose of Disbursement			Assessment of Freely District over each third Desired
Candidate Name	L	Category/	Amount of Each Disbursement this Period
		Type	
Office Sought: House Disbursem			
	Primary General Other (specify) ▼		
State: District:	(- 3··/) \		
,		<u> </u>	
SUBTOTAL of Disbursements This Page (optional)		······································	
TOTAL This Period (last page this line number only).			

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

LOAN SOURCE Full Name	(Last, First, Middle	nitial)		Election: Primary General
Mailing Address				Other (specify)
City	St	ate ZIP C	Code	
Original Amount of Loan		cumulative Payment ⁻	To Date	Balance Outstanding at Close of This F
Date Incurred	YIYI	Date Du	e Ir	Interest Rate Secured: % (apr) Yes
List All Endorsers or Guarar		oan Source		
1. Full Name (Last, First, Mi	ddle Initial)		Name of Empl	oloyer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Mid	dle Initial)		Name of Empl	oloyer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mid	dle Initial)		Name of Empl	oloyer
Mailing Address			Occupation	
City		ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mid	dle Initial)		Name of Empl	oloyer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This P	age (optional)			

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)	Amount of Loan	Interest Rate (APR)
Full Name		%
Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y
City State Zip Code	Date Due	M = M / D = D / Y = Y = Y
A. Has loan been restructured? No Yes	If yes, date originally incurred	M = M / D = D / Y = Y = Y
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	rred? nust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates o stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	of deposit, chattel papers,	What is the value of this collateral?
		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes,	rest income, pledged as specify:	What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
M M / D D / Y Y Y Y	City, State, Zip:	
F. If neither of the types of collateral described above w the loan amount, state the basis upon which this loan	as pledged for this loan, or if the n was made and the basis on wh	amount pledged does not equal or exceed ch it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		M M / D D / Y Y Y Y
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the tare accurate as stated above.		3 3
II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that complied with the requirements set forth at 11 (in the institution).	of comparable credit worthiness. t a loan must be made on a basis	which assures repayment, and has
AUTHORIZED REPRESENTATIVE	OF 11 100.02 AND 100.142 IN MAKI	DATE
Typed Name Signature	Title	M = M / D = D / Y = Y = Y

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

xcluding	Loans	numbered line)	(cneck only one)	10	
NAME OF	COMMITTEE (In Full)				
A. Full	Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of E	Debt (Purpose):	
Mailing	Address				
City	State	Zip Code			
Outst	tanding Balance Beginning This Period				
	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period
				, , , , , ,	
B. Full	Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of E	Debt (Purpose):	
Mailing	Address				
City	State	Zip Code			
Outst	landing Balance Beginning This Period				T. D
	Amount Incurred This Period	Payment This Period		ng Balance at Close of	
C. Full	Name (Last, First, Middle Initial) of Debtor			Debt (Purpose):	
Mailing	Address				
City		State Zip Code			
Outst	tanding Balance Beginning This Period				
Ŀ	Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of	This Period
L.	7			7	
I) SUBTO	OTALS This Period This Page (optional)		>	7	
2) TOTAL	S This Period (last page this line number	only)	}	7	
B) TOTAL	OUTSTANDING LOANS from Schedule (C (last page only)	>	7	
1) ADD 2	and 3) and carry forward to appropriate	ine of Summary Page (last page of	nlv) 🕨]

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 2	4 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)		FEC	DENTIFICATION	ON NUMBER ▼
			С		
Ch	eck if 24-hour report 48-hour report New report Amends report	t filed on	M = M	/ D D /	Y Y Y Y Y
	Full Name (Last, First, Middle Initial) of Payee	Dat	e		
	Moiling Address		M I M	/ D D /	Y Y Y Y Y
	Mailing Address	Am	ount		
	City State Zip Code				
				77-	
	Purpose of Expenditure Category/ Type	Office So	ught:	House Senate	State:
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
		Check Or	ne:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburser		or: Primary (specify)	General
				(specify) ▶	
	Full Name (Last, First, Middle Initial) of Payee	Dat	e M M M	/ D D /	Y I Y I Y
	Mailing Address	Am	ount		
	City State Zip Code				
				- 	
	Purpose of Expenditure Category/ Type	Office So	ught:	House Senate	State:
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
		Check Or	ne:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburser		or: Primary (specify)	General
┙					
	(a) SUBTOTAL of Itemized Independent Expenditures	•		7 7	-
	(b) SUBTOTAL of Unitemized Independent Expenditures	•		T T	
	(c) TOTAL Independent Expenditures	•		7	
	Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Signature	M = M	/ D	D / Y Y	Y II Y

PAGE

OF

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
EOD LINE	25 OF FORM 33

	(To be used on	іу ру	y Politi	icai Comm	ittees in the G	eneral Election)	I OIT LINE 23	OF FUNIVI 3X	
NA	AME OF COMMITTEE (In Full)								
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO			Full Name of Subordinate Committee						
If `	YES, name the designating committee:	Ma	lailing A	Address					
		Ci	ity			Sta	State ZIP Code		
	Full Name (Last, First, Middle Initial) of Each Payer	,				Purpose of Expe	enditure	Category/	
	Mailing Address					Date		Туре	
	City Stat			Zip Code		M = M /	D D / Y	Y Y Y Y	
	Name of Federal Candidate Supported Office Sou	ght:	Se	ouse enate residential	State:	Amount			
	Aggregate General Election Expenditure for this Candidate ▶	_	,						
	Full Name (Last, First, Middle Initial) of Each Payer Mailing Address)				Purpose of Expe	enditure	Category/ Type	
	Walling Address					Date		Турс	
	City Stat		Ž	Zip Code			D D / Y	Y Y Y	
	Name of Federal Candidate Supported Office Sou	ght:	Se	ouse enate residential	State:	Amount			
	Aggregate General Election Expenditure for this Candidate ▶	-	. ,						
	Full Name (Last, First, Middle Initial) of Each Payer)				Purpose of Expe	enditure	Category/	
	Mailing Address					Date		Туре	
	City			Zip Code		M = M / [D / Y	Y Y Y	
	Name of Federal Candidate Supported Office Sou	ght:	Se	ouse enate residential	State:	Amount			
	Aggregate General Election Expenditure for this Candidate ▶		- 7				7		
s	UBTOTAL of Expenditures This Page (optional)								
T	OTAL This Period (last page this line number only)								
						,			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)					
USE ONLY ONE SECTION, A or B					
A. 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)					
B. Separate Segregated Funds and Nonconnected Committees					
Flat Minimum Federal Percentage					
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or					
If the committee is spending more than 50% federal funds, indicate ratio below					
Federal%					
Nonfederal%					
This ratio applies to (check all that apply):					
Administrative Generic Voter Drive Public Communications Referencing Party Only					

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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 benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only**: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

are allocated using a time/space method.		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

PAGE	OF
FOR LINE	18a OF FORM 3X

NAME (OF COMMITTEE (In Full)		·
NAM	IE OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		M = M / D = D / Y = Y = Y	
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		
′			
	Generic Voter Drive		
"'			
l iii)	Exempt Activities		
	·		7
į iv)	Direct Fundraising (List Activity or Event Ider	tifier)	
	-1		1
	a)		
			1
	b)		
	c) Total Amount Transferred For Direct Fundra	ising	
v)	Direct Candidate Support (List Activity or Eve	ent Identifier)	
			1
	a)		
	b)		
	c) Total Amount Transferred For Direct Candid	ate Support	, , , , , , , , , , , , , , , , , , , ,
vi)	Public Communications Referring Only to F	Party (Made by PAC)	
	TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVE	ED
TOTAL	This Period (Administrative)		
TOTAL	This Period (Generic Voter Drive)		7
	TI: D : 1/E		
TOTAL	This Period (Exempt Activities)		
TOTAL	This Period (Direct Fundraising)		, , , , , , , , , , , , , , , , , , , ,
	T		
TOTAL	This Period (Direct Candidate Support)		
TO	TIL BULLED IN CO. I I TO THE TOTAL OF THE TO		
IOTAL	This Period (Public Communications Referring	Only to Party)	
TOTAL	This Period (Total Amount Transferred)		
IOIAL	THIS I CHOU (TOTAL ATHOURT HARISTETTEU)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	21a OF	FORM	3X

NAME OF COMMITTEE (In Full)

A.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Mailing / Marioss				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	M = M / D = D / Y = Y = Y
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		1			
_			7 7		
B.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Catamanı/	M = M / D = D / Y = Y = Y
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
_		+	NONFEDERAL	SHARE	
C.	FEDERAL SHARE Full Name (Last, First, Middle Initial)		NONFEDERAL	SHARE	Allocated Activity or Event:
c.		1	NONFEDERAL	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt
C.	Full Name (Last, First, Middle Initial) Mailing Address	+ State	7 1 7	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
c.	Full Name (Last, First, Middle Initial) Mailing Address City		NONFEDERAL Zip Code	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Full Name (Last, First, Middle Initial) Mailing Address		7 1 7	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
c.	Full Name (Last, First, Middle Initial) Mailing Address City		7 1 7	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		7 1 7	SHARE Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		7 1 7	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
C.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State +	Zip Code NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State +	Zip Code NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
_	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder	State +	Zip Code NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT
si	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder	State + ral Activity Th +	Zip Code NONFEDERAL is Page NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
Si	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	State + ral Activity Th +	Zip Code NONFEDERAL is Page NONFEDERAL	Category/ Type SHARE NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
si	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE DTAL of Allocated Federal and NonFeder FEDERAL SHARE	State + ral Activity Th +	Zip Code NONFEDERAL is Page NONFEDERAL are to 21(a)(i) and	Category/ Type SHARE NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT are to 21(a)(ii))

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 OF FORM 3X

NAME OF COMMITTEE (In Full)		I OH EINE 100 OF 1 OHIN OX
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vo	eter Registration	
		VOTER ID
ii) Voter ID Total Amount Transferred for Vo	eter ID	
1014.7.1.1001.1.1.1001.1001.1001.100		COTY
iii) GOTV		GOTV
Total Amount Transferred for GO	OTV	7
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	eneric Campaign Activity	
		, , , , , , , , , , , , , , , , , , , ,
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M = M / D = D / Y = Y = Y	
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vo	oter Registration	
Total y linearity manerement for ve		VOTER ID
ii) Voter ID		VOTENTIS
Total Amount Transferred for Vo	oter ID	
iii) GOTV		GOTV
	OTV	
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	anaria Campaign Astivity	
Total Amount Transferred for Ge	eneric Campaign Activity	
TOTALS FOR	BREAKDOWN OF TRANSFER RECEIVED (I	act Page Only)
TOTALS FOR	BREAKDOWN OF THANSFER RECEIVED (I	Last Page Offig)
TOTAL This Desired Office Desired in		
TOTAL This Period (Voter Registration))	
TOTAL TI: D : L(V) - (D)		
TOTAL This Period (Voter ID)		
TOTAL This Posted (COTA)		
TOTAL This Period (GOTV)		7
TOTAL This Desired (O		
IUIAL This Period (Generic Campaigr	n Activity)	
TOTAL THE Desired (T.). A	inanafara Dagainadh	
IUIAL This Period (Total Amount of T	ransfers Received)	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE	OF		
FOR LINE	30a OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)	·
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
71. Tall Name (East, First, Madie IIII.a) / Tall Organization Name	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT
CURTOTAL of Charact Faderal and Lavin Astrict. This Dans	, ,
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	d Levin share to 30(a)(ii)) TOTAL AMOUNT
LEVIN SHA	ARE
TOTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	TE OF COMMITTEE (In Full)		
NAM	IE 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

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

PAGE

OF

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

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

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

FOR LINE NUMB (check only one)	ER:	PAG	iΕ	OF
(check only one)				
, ,		4a	4c	5
		4b	4d	

Any information copied from such Reports and Statements may r or for commercial purposes, other than using the name and addr		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address		Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	•	Allouit of Each Disbursement this Feriod
Full Name (Last, First, Middle Initial) / Full Organization Name Address		Date of Disbursement
	Zin Codo	Annual State of the state of th
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	3	Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		/ / / / / / /
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)	>	
TOTAL This Period (last page this line number only)	·····	