FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

					0	ffice Use Only			
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5				
AD	DRESS (number and street)								
	Check if different than previously reported. (ACC)								
2.	FEC IDENTIFICATION	NUMBER ▼	CITY ▲	S	TATE A	ZIP CODE ▲			
	C			NEW (N) OR	AMEN (A)	IDED			
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20	(M8) Nov 20 (M11) (Non-Election Year Only)			
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only)			
	April 15 Quarterly Report July 15 Quarterly Report	(C) 12-Day PRE-Election	Primary (12I		Oct 20 General (12)	G) Runoff (12R)			
	October 15 Quarterly Report	Report for th			Special (129				
	January 31 Year-End Report	: (YE)EI	lection on	D D /	YYYY	in the State of			
	July 31 Mid-Yea Report (Non-elec Year Only) (MY)	ction (u) 30-Day		G)	Runoff (30R) Special (30S)			
	Termination Rep (TER)		lection on	D	Y Y Y Y Y	in the State of			
5.	Covering Period	/ M M / D D / Y Y	through	M = M	/ D D /	Y = Y = Y			
I ce	ertify that I have examined	I this Report and to the bes	st of my knowledge and	belief it is true	e, correct and co	omplete.			
Тур	Type or Print Name of Treasurer								
Sig	Signature of Treasurer Date								
NO	TE: Submission of false, er	oneous, or incomplete inform	nation may subject the per	son signing thi	s Report to the բ	penalties of 52 U.S.C. § 30109.			
1	Office Use					FEC FORM 3X Rev. 05/2016			

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 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. 05/2016) Page 3

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. 05/2016)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
01		Total This Period	Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		4
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	7 7	7 7
	(c) Total Operating Expenditures		
00	(add 21(a)(i), (a)(ii), and (b))	7 7	1 1 2 1 2 1
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to	45 45 45	4 4
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures	4 4	4 4
	(use Schedule E)		
25.	(52 U.S.C. § 30116(d))	3 3	
	(use Schedule F)		
26.	Loan Repayments Made	4 4	4 4
27	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other	4 4	1 4 1 4 1 4
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees	4 4	4 4
	(such as PACs)		
	(d) Total Contribution Refunds	, ,	7 7 7
	(add Lines 28(a), (b), and (c))		
		45 45 45	4 4
29.	Other Disbursements (Including Non-Federal Donations)		
		4 4	4 4
30.	Federal Election Activity (52 U.S.C. § 30101)	(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		4 4
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid	4 4	4 4
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add	7 7	
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	•	7 7	7 7
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
		4 4	4 4
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) 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)						
34. Total Contribution Refunds						
(from Line 28(d))	4-14-14-14-14-1					
35. Net Contributions (other than loans)						
(subtract Line 34 from Line 33)	4 4					
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 13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name 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 (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) 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).....

7 7 7 7

SCHEDULE B (FEC Form 3X)

	THE BOLL B (1 LO 1 OIIII OX)	Use separate schedule(s)						IUMBER:				PAG	ıL	0	Ε
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page			(checl			2 8b	23			26 29		27 30b	
Ar	ry information copied from such Reports and Staten	l nents may n	ot be sold or us	sed by	y anv	28a perso					f so				ons
or for commercial purposes, other than using the name and address of any political com							solici	t cont	ributio	ns	fron	n such	cor	nmitte	е.
	NAME OF COMMITTEE (In Full)														
Α.	Full Name (Last, First, Middle Initial)						Da	to of I	Disbur	cor	man				
Λ.							M	■ M		301			■ Y	Υ	Y
	Mailing Address						L	_	L	-	_	L	_	_	
	City	State	Zip Code				FE	C Ide	ntificat	ion	Nu	mber			
	Purpose of Disbursement				_	\neg	С				Ξ				
	Candidate Name				atego Type		Am	ount (of Eac	ch [Disb	ursem	ent	this P	eriod
	Office Sought: House Disbursen				<u> </u>		L							-	
		Primary Other (spec	General ifv) ▼												
	State: District:	(0000	,, •				Ш	Mem	o Iten	n					
В.	Full Name (Last, First, Middle Initial)						Da	te of I	Disbur	ser	nen	t			
	Mailing Address						M = M / D = D / Y = Y = Y								
	Walling Address														
	City	State	Zip Code				FE	C Ide	ntificat	ion	Nu	mber			
	Purpose of Disbursement				-	\exists	Amount of Each Disbursement this Period								
	Candidate Name			Ca	itego Type	ry/						eriod			
	Office Sought: House Disbursen						L		7		_	7		- 760	
		Primary Other (spec	General ify)					Mem	o Iten	n					
_	Full Name (Last, First, Middle Initial)														
C.							Da	te of I	Disbur	ser	nen				
	Mailing Address						M M / D D / Y Y Y Y						Y		
	City	State	Zip Code				FE	C Ide	ntificat	ion	Nu	mber			
	Purpose of Disbursement					\neg	C								
	Candidate Name	Category/ Type				ry/	Amount of Each Disbursement this Period								
	Office Sought: House Disbursen														
		Primary Other (spec	General ify) ▼												
_	State: District:	(5,500	··· <i>J</i> / ▼				Ш	Mem	o Iten	n					
s	UBTOTAL of Disbursements This Page (optional)					•			7			7		_	
Т	OTAL This Period (last page this line number only)					<u> </u>			,			,			

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

AME OF COMMITTEE (In Full)				•		'			
LOAN SOURCE Full Name (Last,	First, M	iddle Initial)		[Memo Item	Election: Primary			
Mailing Address						General Other (specify) ▼			
City		State	ZIP Co	de					
Original Amount of Loan		Cumulative Pay	ment To	Date	Bala	nce Outstanding at Close of This Period			
TERMS	*	11.7		<u>- </u>		7 7 7			
Date Incurred	Y	D. M = M / D = D	ate Due	Y Y Y Y	Interest Rate	Secured: % (apr) Yes No			
List All Endorsers or Guarantors		to Loan Source							
1. Full Name (Last, First, Middle In	itial)			Name of E	Employer				
Mailing Address				Occupation	1				
City	City State ZIP Code			Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle In	itial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guarantee Outstandin		71171171			
3. Full Name (Last, First, Middle In	itial)	'		Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guarantee Outstandin	d g:	7			
4. Full Name (Last, First, Middle In	itial)			Name of Employer					
Mailing Address			Occupation						
City	State	ZIP Code		Amount Guarantee Outstandin	d g:	777			
SUBTOTALS This Period This Page (optional)				<u> </u>				
OTALS This Period (last page in this						vard 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)	Amount of Loan	Interest Rate (APR)				
Full Name	7 7	%				
Mailing Address		M = M / D = D / Y = Y = Y				
	Date Incurred or Established					
City State Zip Code	Date Due	M = M / D = D / Y = Y = Y				
A. Has loan been restructured? No Yes	If yes, date originally incurre	d				
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:					
C. Are other parties secondarily liable for the debt inc No Yes (Endorsers and guarantors	curred?					
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or of the No Yes If yes, specify:	s 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 in collateral for the loan? No Yes If ye	nterest income, pledged as es, 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).	nt Location of account:					
Date account established:	Address:					
M = M / D = D / Y = Y = Y	City, State, Zip:					
F. If neither of the types of collateral described above the loan amount, state the basis upon which this loan.	was pledged for this loan, or if the oan was made and the basis on w	amount pledged does not equal or exceed nich it assures repayment.				
G. COMMITTEE TREASURER		DATE				
Typed Name Signature		M = M / D = D / 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 are accurate as stated above.	e terms of the loan and other infor					
II. The loan was made on terms and conditions similar extensions of credit to other borrowers III. This institution is aware of the requirement the complied with the requirements set forth at 1	s of comparable credit worthiness. hat a loan must be made on a bas	s which assures repayment, and has				
AUTHORIZED REPRESENTATIVE	TOTAL TOO.OZ GITG TOO.TTZ III IIIGN	DATE				
Typed Name Signature	Title	M = M / D = D / Y = Y = Y				

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

				mamboroa mi	0) 10			
NA	ME OF COMMITTEE (In Full)							
	A. Full Name (Last, First, Middle Initial) of Debtor of	Nature	of Debt (Purpose):					
	Mailing Address							
	City	State	Zip Code					
	Outstanding Balance Beginning This Period			·				
	Amount Incurred This Period	Outsta	anding Balance at Close of This Period					
	7 7 7	7			7 1 7 1 7 1			
	B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature	of Debt (Purpose):			
	Mailing Address							
	City	State Zip Code						
	Outstanding Balance Beginning This Period Amount Incurred This Period		nent This Period	п.	Outstanding Balance at Close of This Period			
	C. Full Name (Last, First, Middle Initial) of Debtor of	Nature	of Debt (Purpose):					
	Mailing Address							
	City	State	Zip Code					
	Outstanding Balance Beginning This Period Amount Incurred This Period	Payn	nent This Period	Outsta	anding Balance at Close of This Period			
1)	SUBTOTALS This Period This Page (optional)							
2)	TOTALS This Period (last page this line number or	· -	71171171					
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	· []				
4)	ADD 2) and 3) and carry forward to appropriate lin	y) ▶						

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ C Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee Memo Item Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) 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. Date Signature

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

PAGE	OF		
			_

(To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X								
IAME OF COMMITTEE (In Full)						•		
las your committee been designated to ma	/ 0	Full N	ame of Subc	ordinate Committee				
oordinated expenditures by a political party		I ull IN	arrie or Subc	numate committee				
YES NO								
YES, name the designating committee:		Mailing	g Address					
		City				State	ZIP Code	
Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of	Expenditure		
Mailing Address					_		Category/ Type	
Walling / Idailoss					Date		71-	
City	State		Zip Code		M = M	/ D = D	/ Y = Y = Y	
Name of Federal Candidate Supported	Office Sough		House	State:	Amount			
			Senate	District:				
			Presidential	<u> </u>		7		
Aggregate General Election Expenditure for this Candidate ▶								
Experialiture for this Carididate	7							
Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of	Expenditure		
					_		Category/	
Mailing Address					Dete		Туре	
City	State		Zip Code		Date	/ D D	/ Y Y Y Y	
City	Otato		Zip Godo					
Name of Federal Candidate Supported	Office Sough	nt:	House	State:	Amount			
			Senate	District:	Amount			
			Presidential			40-1-1	40 1 40 1	
Aggregate General Election						,	,	
Expenditure for this Candidate			,					
Full Name (Last, First, Middle Initial) of	Fach Payee			Momo Itom	Purnose of	Expenditure		
Tuli Name (Last, First, Middle Illitial) of	Lacii Fayee				l dipose of	Experialitate		
							Category/	
Mailing Address							Type	
			1		Date			
City	State		Zip Code		M = M	/ D = D	/ Y Y Y Y Y	
Name of Federal Candidate Supported	Office Carrel	at:	House	l Ctoto:				
Tame of Fourier Sandidate Supported	Office Sough		House Senate	State:	Amount			
			Presidential	DISTRICT.				
Aggregate General Election						7	4	
Expenditure for this Candidate								
	j		,					
SUBTOTAL of Expenditures This Page (op	tional)			·····		7	7	
TOTAL This David (lost reas this live	shor only							
TOTAL This Period (last page this line num	iber only)			·····		7	7	

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
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

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

IAME C	DF COMMITTEE (In Full)		1
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		
'			
ii)	Generic Voter Drive		
iii)	Exempt Activities		
iv)	Direct Fundraising (List Activity or Event Iden	ntifier)	
			1
	a)		
			1
	b)		
	c) Total Amount Transferred For Direct Fundra	ising	
			7
v)	Direct Candidate Support (List Activity or Eve	ent Identifier)	
	2		1
	a)		1
	b)		1
		, , , , , , , , , , , , , , , , , , , ,	
	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 Pariod (Canaria Voter Priva)		
IOIAL	This Period (Generic Voter Drive)		
TOTAL	This Period (Exempt Activities)		
	,		
TOTAL	This Period (Direct Fundraising)		7
		_	
TOTAL	This Period (Direct Candidate Support)		7
TOTAL	This Period (Public Communications Referring	Only to Party)	7 7
TOTAL	This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	21a OF	FORM	зх

NAME OF COMMITTEE (In Full)

A.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:	
	Mailing Address	Administrative Fundraising Exempt				
	Mailing Address	Mailing Address				
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
		7				
	Activity or Event Identifier: Category/ Type			Date Date		
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT	
_						
B.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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	
	r dipose of Disbursement.					
	Activity or Event Identifier:					
	Category/ Type				Date D / Y Y Y Y	
	FEDERAL SHARE	= TOTAL AMOUNT				
_					Allegaded Asticity or Front	
C.	Full Name (Last, First, Middle Initial)	,	7	☐ Memo Item	Allocated Activity or Event:	
c.	Full Name (Last, First, Middle Initial) Mailing Address		7	☐ Memo Item	Administrative Fundraising Exempt	
C.	Mailing Address		7	☐ Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support	
C.		State	Zip Code	☐ Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC	
C.	Mailing Address	State	Zip Code	☐ Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support	
C.	Mailing Address City	State	Zip Code	☐ Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC	
c.	Mailing Address City	State	Zip Code		Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
C.	Mailing Address City Purpose of Disbursement:	State	Zip Code	☐ Memo Item Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC	
C.	Mailing Address City Purpose of Disbursement:		Zip Code	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
C.	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:			Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
C.	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:			Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	+ 1	NONFEDERAL	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	+ N	NONFEDERAL	Category/ Type SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFedera	+ N	NONFEDERAL	Category/ Type SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
su	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFedera	+ N	NONFEDERAL Page IONFEDERAL	Category/ Type SHARE	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	
su	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+ N I Activity This P + N	NONFEDERAL Page IONFEDERAL	Category/ Type SHARE SHARE	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	
su	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE OTAL This Period (last page for each line only)	+ N I Activity This P + N	NONFEDERAL rage IONFEDERAL to 21(a)(i) and	Category/ Type SHARE SHARE	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 FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)		FOR LINE 18b OF FORM 3X			
NAME OF COMMITTEE (In Full)					
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	M = M / D = D / Y = Y				
BREAKDOWN OF THIS TRANSFER	VOT	ED DEGISTRATION			
i) Voter Registration	VOII	ER REGISTRATION			
Total Amount Transferred for Vo	ter Registration	7			
ii) Voter ID		VOTER ID			
Total Amount Transferred for Vo	ter ID				
		GOTV			
iii) GOTV Total Amount Transferred for GO	OTV				
		GENERIC CAMPAIGN ACTIVITY			
iv) Generic Campaign Activity					
Total Amount Transferred for Ge	eneric Campaign Activity				
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
		1717			
BREAKDOWN OF THIS TRANSFER					
	VOT	ER REGISTRATION			
 i) Voter Registration Total Amount Transferred for Vo 	nter Registration				
Total / linearity manerement for ve	Not riogical anothern	VOTER ID			
ii) Voter ID					
Total Amount Transferred for Vo	oter ID	7 7			
iii) GOTV		GOTV			
Total Amount Transferred for GO	OTV	7			
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY			
	eneric Campaign Activity				
TOTALS FOR	BREAKDOWN OF TRANSFER RE	CEIVED (Last Page Only)			
TOTAL This Period (Voter Registration))				
	7				
TOTAL This Period (Voter ID)					
TOTAL This Period (Generic Campaign	n Activity)				
TOTAL 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)

l	PAGE		OF		
I	FOR LINE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)					
A. Full Name (Last, First, Middle Initial)	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign				
Mailing Address	Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code			
Purpose of Disbursement	<u> </u>		Category/ Type	Date D / Y Y Y Y Y	
FEDERAL SHARE	+	LEVIN SHA	ARE	= TOTAL AMOUNT	
				True (Allerted Artitle or South	
B. Full Name (Last, First, Middle Initial)	/ Full Organi	ization Name	☐ Memo Item	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	Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE			Date D / Y Y Y Y	
FEDERAL SHARE				= TOTAL AMOUNT	
		,,			
C. Full Name (Last, First, Middle Initial)	/ Full Organi	ization Name	☐ Memo Item	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 D / Y Y Y Y Y	
FEDERAL SHARE		LEVIN SHA	ARE	= TOTAL AMOUNT	
				7 7 7	
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE				= TOTAL AMOUNT	
TOTAL This Period (last page for each line FEDERAL SHARE	e only)(Federa	ai share to 30(a)(i) and	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

NAME OF COMMITTEE (In Full)						
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					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
	(b) Voter ID					
	(c) GOTV	7	7 7 7			
	(d) Generic Campaign		7 7 7			
5.	(e) Total OTHER DISBURSEMENTS					
6.	TOTAL DISBURSEMENTS		7 7 7 7			
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt A. Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) 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 NUMBER (check only one)	: P/	AGE	OF
(check only one) -	٦		
·	4a	40	:5
	4b	4c	I

OF LEVIN FUNDS			Aggregation	Page	4b 4d	
	ny information copied from such Reports and State for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)						
۹.	Full Name (Last, First, Middle Initial) / Full Organ	Memo Item	Date of Disbursement			
	Mailing Address					
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement					
3.	Full Name (Last, First, Middle Initial) / Full Organ	nization Name		Memo Item	Date of Disbursement	
	Mailing Address					
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement				1 7 7 7 7	
C.	Full Name (Last, First, Middle Initial) / Full Organ	nization Name		Memo Item	Date of Disbursement	
	Mailing Address					
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement					
D.	Full Name (Last, First, Middle Initial) / Full Organ	nization Name		Memo Item	Date of Disbursement	
	Mailing Address					
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement	1	1		7 7 7	
Ε.	Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Mailing Address				Date of Disbursement	
					M = M / D = D / T = T = T	
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement					
S	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only)					