

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2017 APR 24 PM 12:36

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**

**Support: Nixon Down Ballot, Superior Pac**

ADDRESS (number and street) **1118 Vintage Park Blvd**  
**STE W**  
**HOUSTON TX 77070**

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

**00067977**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on [ ] [ ] [ ] in the State of [ ]

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

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period [ ] [ ] [ ] through [ ] [ ] [ ]

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 **David Jackson**

Signature of Treasurer *[Signature]* Date **03' 30' 2017**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

2017-04-24 09:00:00

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2010)

Page 2

Write or Type Committee Name:

Support Your Down Ballot

Report Covering the Period:

From:

To:

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1.	<input type="text"/>	<input type="text"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text"/>	<input type="text"/>
(c) Total Receipts (from Line 19).....	<input type="text"/>	<input type="text"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text"/>	<input type="text"/>
7. Total Disbursements (from Line 31).....	<input type="text"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text"/>	<input type="text"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	<input type="text"/>



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

2017-04-24 00:00:00

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*Support Your Down Ballot*

Report Covering the Period:

From:

,  ,

To:

,  ,

**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).....

(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)(ii), (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(c), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

2017-04-24 03:00:55:012

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2018)

Page 4

2017-04-24 03:00:11-01

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements (including Non-Federal Donations) .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share .....		
(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)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....		
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31) .....		

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/29/18)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

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

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<b>21. Operating Expenditures:</b>		
<b>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</b>		
(i) Federal Share		
(ii) Non-Federal Share		
<b>(b) Other Federal Operating Expenditures</b>		
<b>(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</b> →		
<b>22. Transfers to Affiliated/Other Party Committees</b>		
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees</b>		
<b>24. Independent Expenditures (see Schedule E)</b>		
<b>25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (see Schedule F)</b>		
<b>26. Loan Repayments Made</b>		
<b>27. Loans Made</b>		
<b>28. Refunds of Contributions To:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
<b>(b) Political Party Committees</b>		
<b>(c) Other Political Committees (such as PACs)</b>		
<b>(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))</b> →		
<b>29. Other Disbursements (including Non-Federal Donations)</b>		
<b>30. Federal Election Activity (52 U.S.C. § 30101(20))</b>		
<b>(a) Allocated Federal Election Activity (from Schedule H5)</b>		
(i) Federal Share		
(ii) "Levin" Share		
<b>(b) Federal Election Activity Paid Entirely With Federal Funds</b>		
<b>(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))</b> →		
<b>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))</b>		
<b>32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)</b> →		

2017-04-24 09:00:14

**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 23(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) .....		

2017-04-24-03-00-15-01-5

**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 solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
*Support Your Down Ballot*

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for individual) Occupation (for individual)

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt This Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for individual) Occupation (for individual)

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for individual) Occupation (for individual)

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_ ▶

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

Amount of Each Receipt This Period

Amount of Each Receipt this Period

2017-04-24 03:00:11:010

**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**Support Your Down Ballot**

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional) →

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

2017-04-24 03:00:10



**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)  
**Support Your Down Ballot**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election:
Mailing Address			<input type="checkbox"/> Primary
City		State	ZIP Code
			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼

Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

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

2017-04-24 03:00:11:00

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (in Full) <b>Support Your Down Ballot</b>	FEC IDENTIFICATION NUMBER <b>000617977</b>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Blank	0	0%
Mailing Address	Date Incurred or Established	Blank
City State Zip Code	Date Due	Blank

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: 1 Total Outstanding Balance: 1

C. Are other parties secondarily liable for the debt incurred?  
 No  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?  
 No  Yes If yes, specify: \_\_\_\_\_

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 interest income, pledged as collateral for the loan?  No  Yes If yes, 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: \_\_\_\_\_

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 <b>David Jackson</b> Signature <i>[Signature]</i>	DATE <b>03 20 2017</b>
---	---------------------------

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 extension 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
Blank	Blank
Title	Blank

2017-04-24 10:00:10

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE **9** OF **10**

FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (in Full)

**Support Your Down Ballot**

A. 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

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)	

2017-04-24 10:00:00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Support Your Down Ballot</b>	FEC IDENTIFICATION NUMBER <b>C100617977</b>
--	--

Check if  24-hour report     48-hour report     New report    Amends report filed on \_\_\_\_\_

Full Name of Payee _____ <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____
Mailing Address _____	Amount _____
City _____ State _____ Zip Code _____	Date of Disbursement or Obligation ____/____/____
Purpose of Expenditure _____ Category/Type _____	Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: _____
Calendar Year-To-Date Paid Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee _____ <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____
Mailing Address _____	Amount _____
City _____ State _____ Zip Code _____	Date of Disbursement or Obligation ____/____/____
Purpose of Expenditure _____ Category/Type _____	Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: _____
Calendar Year-To-Date Paid 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: *[Signature]*      Date: **03 30 2017**

2017-04-24 09:00:11

**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  
 FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**Support Your Down Ballot**

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO  
 If YES, name the designating committee:

Full Name of Subordinate Committee  
 Mailing Address  
 City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

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

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

2017-04-24 03:00:00

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)

Support Your Down Ballot

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

2017-04-24 10:00 AM

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

NAME OF COMMITTEE (in Full) Support Your Down Ballot

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

Methods of allocation:

1. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
2. 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.

2017-04-24 00:11:04

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-size: 2em;">0</span> </div>

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

PAGE 02  
 OF  
 FOR LINE 16a OF FORM 3X

NAME OF COMMITTEE (in Full) Support Your Down Ballot

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<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

vi) Public Communications Referring Only to Party (Made by PAC)

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

2017-04-24 00:11:00



**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Support Your Down Ballot

20170424 00000000

**A. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_

Allocated Activity or Event Year-To-Date: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**B. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_

Allocated Activity or Event Year-To-Date: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**C. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_

Allocated Activity or Event Year-To-Date: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**TOTAL This Period (last page for each line only) (Federal share to 21(a)(1) and NonFederal share to 21(n)(1))**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**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 OF 01  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

*Support Your Down Ballot*

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)

2017-04-24 00:00:00

**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)

NAME OF COMMITTEE (In Full)  
**Support Your Down Ballot**

20170424 CONDUIT-WO

A. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Date		
			Category/Type			
Purpose of Disbursement						
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT		

B. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Date		
			Category/Type			
Purpose of Disbursement						
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT		

C. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Date		
			Category/Type			
Purpose of Disbursement						
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT		

SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT		
TOTAL This Period (last page for each line only)(Federal share to 30(a)(1) and Levin share to 30(a)(2))						
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT		
TOTAL This Period for the Levin Share						





**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 said 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)  
**Support Your Down Ballot**

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 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  Memo Item  
 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  Memo Item  
 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  Memo Item  
 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  Memo Item  
 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 the number only)

2017-04-24 00:00:00

2017-04-21 10:00:00 AM



PRE

**P**

Retail

US POSTAGE PAID  
**\$6.65**

Origin: 92324  
Destination: 20463  
0 Lb 8.40 Oz  
Apr 18, 17  
057160324-11

1006

**PRIORITY MAIL® 2-Day**

Expected Delivery Day: 04/21/2017

USPS TRACKING NUMBER



9505 5144 9686 7109 0586 40

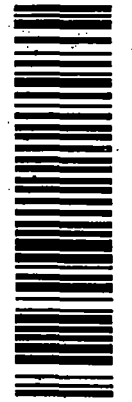
WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.

PRESS FIRMLY TO SEAL

PRIORITY MAIL  
POSTAGE REQUIRE

FROM: 118 Vintage Park Blvd  
Houston TX, 77010

TO: Federal Election Co  
999 E. Street NW  
Washington, DC 205



VISIT US AT [USPS.COM](http://USPS.COM)



EP14F July 2013

1407102

PRIORITY MAIL  
POSTAGE REQUIRE

PRESS FIRMLY TO SEAL

FROM: 118 Vintage Park Blvd  
Houston TX, 77010

TO: Federal Election Co  
999 E. Street NW  
Washington, DC 205



PRE

Retail

US POSTAGE PAID  
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Origin: 92324  
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1006

**PRIORITY MAIL** <sup>®</sup> **2-Day**

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9505 5144 9686 7109 0586 40

WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



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EP14F July 2013



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 4/21/17
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER (3/2015)	4/24/17 DATE PREPARED
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2017-04-24 00:15:04