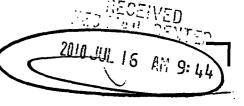


Only

FE6AN026

AE05750504/

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee



Office Use Only

1.	NAME (OF ITEE (in full)	TYPE OR	PRINT ▼	Ex	aif ty er the lines.	ping, type	12FE4			
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2.	FEC ID	ENTIFICATION N	UMBER ▼		CITY ▲			STATE		ZIP CO	DE 🛦
	c C	02318	13		3. IS THIS		New (Ń) OF	·	AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)	(b) Mor	ort	Feb 20 (M2) ;	May 20 (M	5)	Aug 20 (M8)	: :	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	urterly Reports:	Due	On:	Mar 20 (M3	:2- ;	Jun 20 (M6	. Same of	Sep 20 (M9)	; ;	Dec 20 (M12) (Non-Election Year Only)
	9	April 15 Quarterly Report (Q1) (a)		Apr 20 (M4)	······································	Jul 20 (M7) 	······································	Oct 20 (M10)		Jan 31 (YE)
(X	July 15 Quarterly Report ((c)	12-Day PRE-Electio Report for the	- Tagg	Primary (1:			eral (12G) cial (12S)	1	Runoff (12R)
		Quarterly Report (January 31 Year-End Report (E	lection on				= √∦ ^-	in the State o	f
		July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d)	30-Day POST-Electi Report for the		General (3	0G)	Run	off (30R)	: 1	Special (30S)
	hy-1-1	Termination Repor (TER)	t !	•	lection on		/	F v of T : V		in the State o	f
5.	Covering	Perice 0	4 0	90	ĪŌ	through	DC	o 38	. 20	8	
l ce	ertify that	I have examined to	his Report a	nd to the be	st of my kno	wledge and	belief it is	true, correc	t and complet	e.	
Тур	e or Print	Name of Treasure		WH_	Sty		······································	······································			
Sigi	nature of	Treasurer		ue	Yu			Date i	1	{ }	2010
NO.	TE: Submi	ssion of false, error	neous, or inco	mplete inforr	nation may s	ubject the p	erson signing	this Report	to the penaltic	es of 2 l	J.S.C. §437g.
1		se 518			- -					FOR ev. 12/20	

Write or Type Committee Name ditical Action ' DJ 2010 06 30 00 10 To: Report Covering the Period: From:

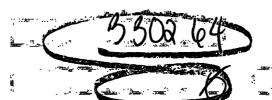
> **COLUMN A** This Period

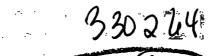
COLUMN B Calendar Year-to-Date

(a) Cash on Hand January 1,

2010

- (b) Cash on Hand at Beginning of Reporting Period......
- 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)......
- 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

Page 3

FEC Form 3X (Rev. 06/2004)

Write o	r Type	Committee	Name			
M 0	الما	O ONS	11	Citrons	1	tion.

Report Covering the Period:

To: 0.6 30 2010

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)▶

M

M

(C)

(3)

	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)	den 21a-	- 30C
	(i) Federal Share		Les maries (American de Company) de la company de la compa
	(ii) Non-Federal Share(b) Other Federal Operating		്രൂടെ ആന്എന്നപ്രമാരുന്ന ഇതാലും പുറത്തു
	Expenditures	Commence of the commence of th	Series consider Channels . I have considered and series considered
22.	Transfers to Affiliated/Other Party	viant. said: milian. to to colors described	and the second of the second o
	CommitteesContributions to Federal Candidates/Committees and Other Political Committees	di d	The second secon
24.	Independent Expenditures	The state of the s	
25.	(use Schedule E)		Company Compan
	(250 00) 0000 1 /	Anno Carrier de Carrie	The state of the s
26.	Loan Repayments Made		
27. 28.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	(h) Political Porty Committees	to sugar game a lag ar lagar gamen, and	
	(b) Political Party Committees	tang tangan gerangan ngan ngan ngan ngan ngan ngan nga	The state of the s
	(such as PACs)	į. 	
	(d) Total Contribution Refunds	and the second s	NEED THE I THE I THE IN THE IN THE IN THE IN THE IN THE
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	53.65	147.70
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)	· · · · · · · · · · · · · · · · · · ·	dada 2865. "EESSin, down, of wissen, PASSAGE." "" sing t
	(i) Federal Share	marin and the second se	And the second section of the section o
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds	The second of th	Canada Albaria Canada C
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	The state of the s	ganer - angel i annegnisa gana i gant a angel i angel 4 1 1 - All Salam I Bess member - Bans i andbess Member - i
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	53.85	14770

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FEC Form 3X (Rev. 02/2003)

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

Page 5

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

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SCHEDULE A (FEC Form 3X)	11 12 24 24 42 (2)	FOR LINE NUMBER: P
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	, ,	1 1 1 1 1 1 1

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) 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any preen and address of any political committee	erson for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) A. Mailing Address City	State Zip Code	Date of Receipt		
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial) 3. Mailing Address		Date of Receipt		
City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period		
Receipt For: Primary	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt		
FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period		
Name of Employer Receipt For: Primary Other (specify) ▼	Occupation Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		and the discount for the second secon		

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

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SCHEDULE B (FEC FORM 3X)	Hen congrete coherinteletel	FOR LINE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	27	22 23 24 25 26 28a 28b 28c 29 30b			
Any information copied from such Reports and Statem	nents may not be sold or used	by any perso	<u></u>			
or for commercial purposes, other than using the name	e and address of any political	committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
/ naca Pac						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
Bank a America						
Mailing Address			64 01 2010 -			
City Hank word	State Zip Code		06 30 2010			
Purpose of Disbursement	שטיוט ני					
'Dank fees		. i. sc.:ssc.	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	58.85			
Office Sought: House Disbursem						
<u></u>	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
3.		ļ	Date of Disbursement			
Mailing Address			THE RESIDENCE OF THE PROPERTY			
			the state of the s			
City	itate Zip Code					
Purpose of Disbursement						
Candidate Name		······································	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	The state of the s			
Office Sought: House Disbursem			THE CONTRACT			
	Primary General	}				
State: District:	Other (specify) ▼	1				
Full Name (Last, First, Middle Initial)						
C.		\$	Date of Disbursement			
Mailing Address						
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City	itate Zip Code	ļ				
Purpose of Disbursement						
Confide Nove		\$	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	The state of the s			
Office Sought: House Disburserr	ent For:		han san 18 san 18 san			
Ll L L	Primary General	ł				
President State: District:	Other (specify)					
			the second secon			
SUBTOTAL of Disbursements This Page (optional)		······	35.63			
TOTAL This Period (last page this line number only).			F2 85			
TOTAL THIS I SHOW (last page this line number Offly).						

SCHEDULE	C	(FEC	Form	3X)
LOANS				

51125522 5 (1 25 1 51111 5X)	
DANS	Use separate schedule(s) PAGE OF
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
naca PAC	
LOAN SOURCE RUIT Name (Last, First, Middle Initial)	Election: Primary
$A \cap A \cap A$	General
Mailing Address	Other (specify)
City State Z	IP Code
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
and the manufacture of the control o	A Comment of the Comm
TERMS Date Incurred Date	Due Interest Rate Secured:
THE WAY OF STREET WAS A POSS .	Company of the compan
La company of the com	Yes N
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount was an one or a prosper or or a super-or
City State ZIP Code	Guaranteed : Outstanding: Out
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount growing the same transport of the sam
City State ZIP Code	Guaranteed p Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount park the park the true the true the true the
City State ZIP Code	Guaranteed Outstanding:
	summissioner sommer i siste gavag vangma ng amingami
UBTOTALS This Period This Page (optional)	<u> </u>
OTALS This Period (last page in this line only)	
Carry outstanding halance only to LINE 3. Schedule D. for this lie	ne If no Schedule D. carry forward to appropriate line of Summary

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

Supplementary for					
Information found on					
Page	of Schedule C				

receral Election Commission, Washington, D.C. 20463								
NAME	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER						
	· · · · · · · · · · · · · · · · · · ·	= 00000 1517						
naca PAC								
LEND	ING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)					
Full N	ame	THE THE THE STATE OF THE STATE	providence of the second secon					
	1)14	The sales was the sales of the sales with the sales of th	الله الله الله الله الله الله الله الله					
Mailing	Address		MARCH COLVEY TOWN					
`		Date Incurred or Established	14 7 7					
City	State Zip Code	Date Due						
A.	Has loan been restructured? No Yes	If yes, date originally incurre	d Land Market Ma					
В.	If line of credit.	Total	, , , , , , , , , , , , , , , , , , ,					
1	frame	Outstanding	The state of the s					
ł	Amount of this Draw:	Balance:	A section of the sect					
<u> </u>								
10.	Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ea <i>r</i> ist be reported on Schedule C.))					
D.	Are any of the following pledged as collateral for the le	oan: real estate, personal	What is the value of this collateral?					
ł	property, goods, negotiable instruments, certificates of	deposit, chattel papers,	Area and area of meeting of the second of th					
- 1	stocks, accounts receivable, cash on deposit, or other	similar traditional collateral?	Lucke and aller to I considered					
- [No Yes If yes, specify:							
- }			Does the lender have a perfected security					
<u> </u>		I	interest in it? No Yes					
Į E.	Are any future contributions or future receipts of intere	· (What is the estimated value?					
ł	collateral for the loan? No Yes If yes, s	pecify:						
		<u> </u>	A supplied that the property of the first of the control of the co					
- [·						
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:						
1	Date account established:	Address:						
]	A SHIP OF THE STATE OF THE STAT							
ļ	English Salaman Salama	City, State, Zip:						
F.	If neither of the types of collateral described above was the loan amount, state the basis upon which this loan							
<u> </u>								
G.	COMMITTEE TREASURER		DATE					
Typed Name			The state of the s					
Signature								
	1197 Gara, 1407 746-m.3988, 749 148							
<u>H.</u>	Attach a signed copy of the loan agreement.	<u></u>						
1.	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							
A 1 177 17	complied with the requirements set forth at 11 C	FH 100.82 and 100.142 in mak						
	ORIZED REPRESENTATIVE		DATE					
	Name							
Signa	ture	le						

DEBTS /	AND OBLIGATIONS Loans COMMITTEE (In Full)		(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)
Mailing A	State Inding Balance Beginning This Period	Zip Code Payment This Period		Debt (Purpose): Ing Balance at Close of This Period
B. Full N	ame (Last, First, Middle Initial) of Debi	n		Debt (Purpose):
Mailing A		Zip Code		
The State of the s	The second secon			ng Balance at Close of This Period
Mailing A	ddress	State Zip Code		
Checkey some	Amount Incurred This Period	Payment This Period	· · · · · · · · · · · · · · · · · · ·	ng Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....

- 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....
- 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

			FOR LINE	24 OF FORM 3X
AME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER V
noch PAC			C 06 22	5131 5
Check if 24-hour notice 48-hour notice			c 0023	121 +
Full Name (Last, First, Middle Initial) of Payee		Date	· · · · · · · · · · · · · · · · · · ·	
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10/19				A COLUMN TO THE
Mailing Address /		nst.	. A. A. "	to vake and a reiser of
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City State	Zip Code	H.m.	rae Com Pre- Jan.	A TOTAL OF THE PARTY OF THE PAR
		سهد. 🕯	was and a second second	
Purpose of Expenditure	Category/	Office Soug	ht: House	State:
·	Type *		: , Senate	District:
Name of Federal Candidate Supported or Opposed by Expend	iture:		President	
Mario of Foderal Gallanda Gapported of Opposed by Exporta	indic.	Check One:	Support	Oppose
Calendar Year-To-Date Per Election		Disburseme	nt For: Primary	General
for Office Sought			ther (specify)	`
		L!		
Full Name (Last, First, Middle Initial) of Payee		Date		
			Carl Defi	77 77 77 37
Mailing Address			na. mar marinan s	
		Amou	nt	
City State	Zip Code		and and a	2. di si salari
		1	r indika in ma Sig	in the second se
Purpose of Expenditure		Office Soug		State:
Pulpose of Experiditure	Category/ Type	Office 30ug	Senate	
			President	District:
Name of Federal Candidate Supported or Opposed by Expend	iture:	.		; \
		Check One:	Support	Oppose
Calendar Year-To-Date Per Election		Disburseme	nt For: Primary	General
to a Office Occupied .			ther (specify)	Lamas
المهي شمير اللبي الاين				
		·~ .y	······································	e. wase. w.e. ih : : :8
(a) SUBTOTAL of Itemized Independent Expenditures		▶ ⊌ .	Access to the second se	·
				į
(b) SUBTOTAL of Unitemized Independent Expenditures	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	. Trans Tr. collect	Section 1
				,
(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·	A THE STATE OF	
(c) TOTAL independent Expenditures			er i veridar i i ve massalide a	oder madit madit massiman
		·- <u>-</u>		
Under penalty of perjury I certify that the independent expenditu- with, or at the request or suggestion of, any candidate or author- party committee) any political party committee or its agent.				
		·	2.88% A 4	t i de jak
	Date	1 M · M 1		4 1 4 1
Signature			المستعدد المستدان المستدان المستدان	·

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

	N BEHALF OF CANDIDATES	run red	ERAL OFFIC	· C		PAGE	OF
(2	2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X						
NA	AME OF COMMITTEE (In Full)						
	nac	AD	AC				
	as your committee been designated to ma		Full Name of Sul	pordinate Committed	9	- · · · <u>-</u> · · · · · · · · · · · · · · · · · · ·	
CO	ordinated expenditures by a political party	committee?					
lf \	YES. name the designating committee:		Mailing Address			,	
	NA		City		Sta	te ZIP	Code
	Full Name (Last, First, Middle Initial) of	Each Payee	<u> </u>		Purpose of Expe	enditure	tur .
							1
	NACTOR Address						Category/
	Mailing Address				Date	<u></u>	Туре
	City	State	Zip Code		T	, we	A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
			•				
	Name of Federal Candidate Supported	Office Sough	nt: House	State:	Amount		
			Senate	District:	i i i i i i i i i i i i i i i i i i i	editar Çariyayerine	
		<u> </u>	Presidentia				N Marie Company of the Company of th
	Aggregate General Election				1		
	Expenditure for this Candidate	Ser De man		on a st	1		
	Full Name (Last, First, Middle Initial) of	Each Payee	· · · · · · · · · · · · · · · · · · ·		Purpose of Expe	enditure	
							*
			", ", ", ", ", ", ", ", ", ", ", ", ", "		_		Category/.
	Mailing Address						Туре
	City	State	Zip Code		Date	Cura-N	ا ا
	City	Oldie	Zip Odde				
	Name of Federal Candidate Supported	Office Sough	nt: j House	State:	Amount		*
			Senate	District:	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		come, come, come, come >
			Presidentia	<u> </u>	1	j	
	Aggregate General Election	, ·.		. "			
	Expenditure for this Candidate	as san the m	i at At or in some	ل بنده بند			
	Full Name (Last, First, Middle Initial) of	Fach Pavee			Purpose of Expe	nditure	grange out and
	Tun ramo (Edal, Frod Mode Male) or	Lucii i uyoo					
					_		Category/
	Mailing Address						Туре
	Ott.		7:- 0-4-		Date		sen toma ever est.
	City	State	Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A.A.A.
	Name of Federal Candidate Supported	Office Sough	nt: House	State:	 	u die	<u> </u>
		z 554gi	Senate	District:	Amount	an and an an an an	_r ., .jy.anaγ
			, Presidentia		J , "		
l	Aggregate General Election	···	ار خياند ر د ا	; ; ,	" . • · · · · · · · · · · · · · · · · · ·	roman (%) in the	Lack-coal lime-town !
ļ	Expenditure for this Candidate >		hace will be of the contract	***			
	<u> </u>		······································				14 P - 400 P 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
61	IIRTOTAL of Evoenditures This Dece (on	tional)		_	,		an para-gainegaine
	UBTOTAL of Expenditures This Page (op	uonan,				n in	e nominación de la company
T	OTAL This Period (last page this line nun	nber only)			ii	, ,	

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)			
В. \$				
. .	Separate Segregated Funds and Nonconnected Committees			
. .	Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage			
	Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check			
	Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or			
	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			
	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			

SCHEDULE H2 (FEC Form 3X)

LLOCATION RATIOS PAGE 1 O				
IAME OF COMMITTEE (In Full)				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT			
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	pportion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a management of a line of the proportion.	fit derived by federal cand nunications or voter drives	idates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER				
	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:	FEDERAL %	Services and a service of the servic		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	1 4 4 5 96	E of 18 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		
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Fundraising Direct Candidate Support		70		
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ACTIVITY OR EVENT IDENTIFIER	EEDEDAL &	NONECEC		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support		**************************************		
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
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Fundraising Direct Candidate Support	74	§		
CHECK IF THE RATIO IS:	3			
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:				
Fundraising Direct Candidate Support	BALL TO WELL VICTORS	7,		
CHECK IF THE RATIO IS:				
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
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Fundraising Direct Candidate Support	i de la companya della companya della companya de la companya della companya dell			
CHECK IF THE RATIO IS: Revised Same as Previously Reported				
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF	1	1	
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NAME OF COMMITTEE (In Full)	-10	
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ii) Generic Voter Drive		The second secon
lii) Exempt Activities		Be allowed and Standard Tooling and Control of the Market Control of the Control
iv) Direct Fundraising (List Activity or Event le	dentifier)	
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b)		身. ·
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c) Total Amount Transferred For Direct Fund	draising	and the same of th
v) Direct Candidate Support (List Activity or	Event Identifier)	
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b)	The same of the same same same same same same same sam	
		in the state of th
c) Total Amount Transferred For Direct Can	didate Support	there were at the second of th
vi) Public Communications Referring Only to	D Party (Made by PAC)	*
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TOTAL This Period (Generic Voter Drive)	P 18 19	*
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TOTAL This Period (Exempt Activities)		12 W
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TOTAL This Period (Public Communications Referring	ng Only to Party)	ال ۱۹۰۰ م ۱۹۰۰ می هید وزین اینون ۱۹۸۵ می دادی
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TOTAL This Period (Total Amount Transferred)		The State of

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	(OF
FOR LINE	E 21a OF FORM 3X

NA	ME OF COMMITTEE (In Full)		
	SylvyCH 79C		Allocated Activity or Event:
А.	Full Name (Last, First, Middle Inital)		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	NA		,
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	668	Allocated Activity or Event Year-To-Date
	Anti-th Frank Handiffer	Sept. No. 7	the state of the Comment of the state of the second
	Activity or Event Identifier:	Category/	**************************************
		Туре	Date
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В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Adailian Addana		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code	 	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	Γ	Allocated Activity or Event Year-To-Date
		.: ************************************	
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		Category/ Type	Date
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C.	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
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	Activity or Event Identifier:	Cotocour's	EQUAL STANDARD BY A SANDARD
		Category/ Type	Date
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	Time Committee C	en sala sida far	the state of the s
SU	BTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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	FEDERAL SHARE NONFEDERAL		
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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)	24:	
Y L YCAT	PAC	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER	VOTER REGISTR	ATION
i) Voter Registration Total Amount Transferred for Vote	Registration	· · · · · · · · · · · · · · · · · · ·
		OTER ID
li) Voter ID	- ID	Tagam. Tagam. Walka., minis
Total Amount Transferred for Voter	The state of the s	
iil) GOTV		GOTV
Total Amount Transferred for GOT	V	adini uzev se ^{gri} +u mi +ilamenti mB
iv) Generic Campaign Activity	597	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gene	eric Campaign Activity	The state of the s
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		production of the control of the c
	some officers the conference of the conference o	
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTR	ATION
Total Amount Transferred for Vote	r Registration	and the second second
li) Voter ID	V(OTER ID
Total Amount Transferred for Vote	· ID	- mark carrier and a second
SIII) COTV		GOTV
ili) GOTV Total Amount Transferred for GOT	V	A STATE OF THE PROPERTY OF THE
	*** *********************************	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Gene	eric Campaign Activity	The state of the s
Total / Illioant Transition of Gold		A Marie Committee Committe
TOTALS FOR BE	EAKDOWN OF TRANSFER RECEIVED (La	ast Page Only)
TOTAL This Period (Voter Registration)		
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TOTAL This Period (Voter ID)		
		and the second comment of the second of the
TOTAL This Period (GOTV)	*	
	1.000	EX. Table 1 1800 1 1900
TOTAL This Period (Generic Campaign A	ctivity)	Same taget same
		f)
TOTAL This Period (Total Amount of Tran	nsfers Received)	The second of the second of the second secon

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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	1	
FOR LINE 3	0a OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)	
MOVA PAC	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
·	Voter Registration GOTV Voter ID Generic Campaign
\sim \sim \sim	Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
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City State Zip Code	Transport Control of the Control of
Purpose of Disbursement	Cotomond
<u> </u>	Category/ Type Date
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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	j j
City State Zip Code	
Purpose of Disbursement	Category/ Date
	Type Date
FEDERAL SHARE + LEVIN SH	
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the state of the s	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: GOTV
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zio Code	The state of the s
City State Zip Code	
Purpose of Disbursement	Category/ Date
	Type Date
FEDERAL SHARE + LEVIN SH	
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SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SH	ARE = TOTAL AMOUNT
	en e
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FEDERAL SHARE	TOTAL AMOUNT
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LEVIN SH	
TOTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) NICH PAC				
NAME OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE	
1.	RECEIPTS FROM PERSONS (a) Itemized	NA	The state of the s	
	(b) Unitemized		The part of the pa	
	(c) Total		ments that the same of the sam	
2.	OTHER RECEIPTS	Markey Company	Signatura (1984) - Hamani Marine Baran (1984) - Lake (1984	
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		The state of the s	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
	(a) Voter Registration		The state of the s	
	(b) Voter ID	And the second s	Fer Section 1	
	(c) GOTV		And the second s	
	(d) Generic Campaign		And the same of th	
5.	(e) Total OTHER DISBURSEMENTS	Suppose the suppose of management and suppose the suppose of the s	Burg (Mark) (Mark) Person (Mark) (Mark)	
6.	TOTAL DISBURSEMENTS		The same self season of the control	
	(Add Lines 4e and 5)	10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	The Committee of the control of the Committee of the Comm	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	- Name Committee	E	
8.	RECEIPTS(trom Line 3)		Section 1475 to the section of the s	
9.	SUBTOTAL(Add Lines 7 and 8)	· P	The second of th	
10.	DISBURSEMENTS(From Line 6)		Control of the Contro	
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		galar dilmi (1986a) ya garanga ayan garanga ayan dilmi (1986a) ya da	

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

Use separate schedule(s) for each category of the FOR LINE NUMBER:

	•	
16	1	2

PAGE

	Aggregation Page	(check only one) 1a 2	
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			
NAME OF COMMITTEE (In Full) NJCA PAC			
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address		Date of Receipt	
Name of Employer or Principal Place of Business	ate Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt	
B. Mailing Address			
City St Name of Employer or Principal Place of Business Occupation	ate Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address	,	Date of Receipt	
City St Name of Employer or Principal Place of Business Occupation	ate Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) / Full Organization Name D. Mailing Address		Date of Receipt	
	ate Zip Code	Amount of Each Receipt this Period	
Occupation		Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional)	>		
TOTAL This Period (last page this line number only)	>		

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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	ER: PA	GE	OF	
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	4b	40	1	_

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d
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NAME OF COMMITTEE (In Full) UJCH DAC		
Full Name (Last, First, Middle Initial) / Full Organization Nat Mailing Address	me	Date of Disbursement
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City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)	•	
TOTAL This Period (last page this line number only)		

(3/2005)

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): ムグラ 7/14/10 Next Business Day Delivery Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):