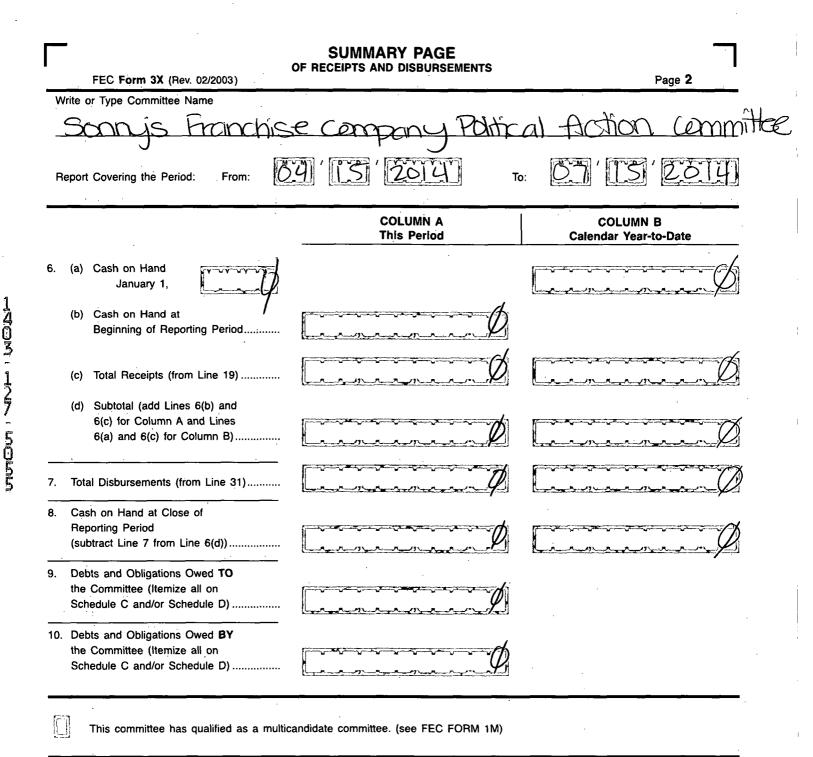
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For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

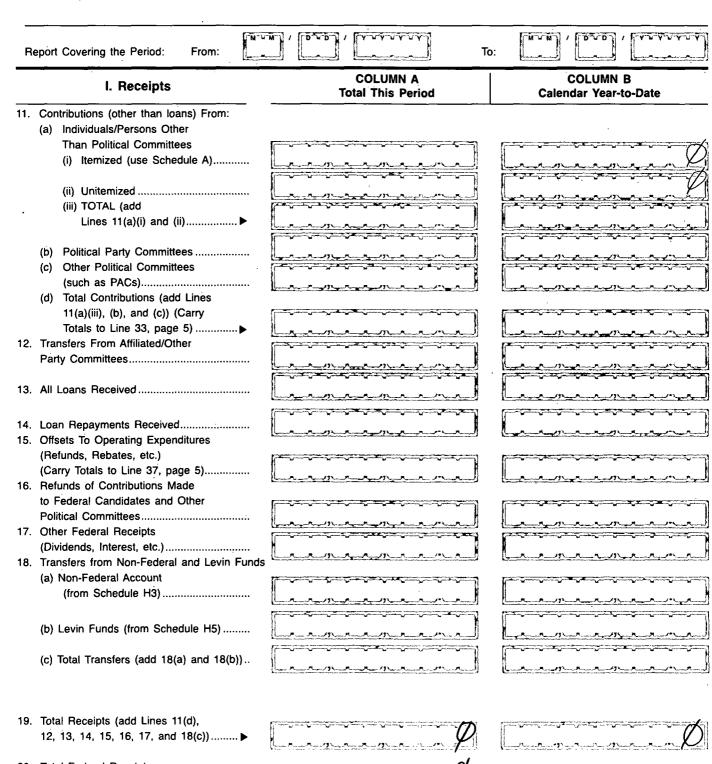
DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name



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

DETAILED SUMMARY PAGE

of **Disbursements**

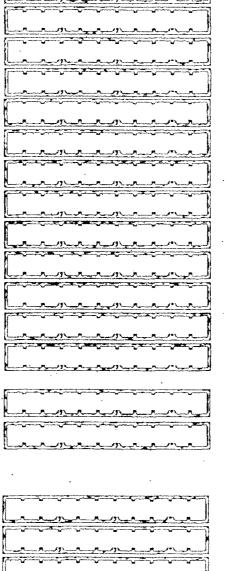
FEC Form 3X (Rev. 02/2003)

COLUMN A **Total This Period**

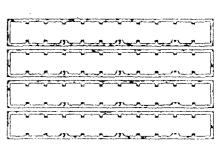
COLUMN B **Calendar Year-to-Date**

Page 4

- II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (i) (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...... Contributions to 23. Federal Candidates/Committees and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 25. 26. Loan Repayments Made.....
- 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
- 30. Federal Election Activity (2 U.S.C. §431(20))
 - (a) Allocated Federal Election Activity (from Schedule H6) (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)(ii) and Line 30(a)(ii) from Line 31).....



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DETAILED SUMMARY PAGE

of Disbursements

Page 5

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

1403-127-5058

sc	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF				
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SCHEDULE B (FEC Form 3X)				NUMBER	. <u></u>		PA	GE	OF
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Senate	Primary General								
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SCHEDULE C (FEC Form 3X)

LOANS	Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General
Mailing Address	Other (specify)
City State ZIP	Code
Original Amount of Loan Cumulative Payment	კილი ლიალი და და კი დი დაილი დადადადადიადიიდი და დაიც ისის ისის
TERMS Date Incurred Date D	
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
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	/ · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

116		PAGE OF FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
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	Full Name of Payee	Date of Public Distribution/Dissemination
	Mailing Address	Amount
	City State Zip Code	
	Purpose of Expenditure Category/	Date of Disbursement or Obligation
	Name of Federal Candidate Support Offic	e Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mailing Address	Amount
	City State Zip Code	
	Purpose of Expenditure Category/	Date of Disbursement or Obligation
	Name of Federal Candidate Support Offic	e Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures	Ø
	(b) SUBTOTAL of Uniternized Independent Expenditures	()
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
	Signature Date	
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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	<u> </u>	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
F	RECEIPTS FROM PERSONS		
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		المحمد ال	
	(b) Unitemized		
	(c) Total		
(OTHER RECEIPTS		
	TOTAL RECEIPTS		
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	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	······································	Lange grander
	(b) Voter ID		
			l <u></u>
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	(e) Total		Lanaaaaa
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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)	
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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.

	AME OF COMMITTEE (In Full)	
A.	ull Name (Last, First, Middle Initial) / Full Organization Name	
_	Aailing Address	Amount of Each Receipt this Period
	State Zip Code Iame of Employer or Principal Place of Business	
		Aggregate Year-to-Date
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B.	ull Name (Last, First, Middle Initial) / Full Organization Name	
_	City State Zip Code	Amount of Each Receipt this Period
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C.	Full Name (Last, First, Middle Initial) / Full Organization Name	
_	Dity State Zip Code	Amount of Each Receipt this Period
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FEC Schedule L-A (Form 3X) Rev. 02/2003

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:	PAG	E	_
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NAME OF COMMITTEE (In Full)

١.

Full Name (Last, First, Middle Initi A.	al) / Full Organization Name	
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		la navne aver me
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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.	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 7/16/14
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No Postmark	Shipping Date
Overnight Delivery Service (Specify):	Business Day Delivery
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
D. Other (Specify):	ate of Receipt or Postmarked
CMP	7/23/14
(8/2013)	DATE PREPARED

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