FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVE

2012 DEC 12 AM 11: 49

Rev. 12/2004

Office Use, Only MAIL CENTER TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. 10,0,T,6, ,P,P,0,6,Q,6,S ADDRESS (number and street) Check if different than previously reported. (ACC) Clair enous t FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE 0005725565 3. IS THIS **NEW AMENDED** OR (N) REPORT (A) TYPE OF REPORT Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Year-End Report (YE) Election on State of July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of **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. stocker Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Report Covering the Period: From: **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)...... Cash on Hand at Close of 8. 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) 138 1288 128 F 1 1 1 For further information contact: 920 - No. 4

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

Toll Free 809-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Report Covering the Period: From:	7 00 1 ZO (ZO TO	o: [7 0 6 / 2 0 1 7
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:	7. * 42. * . Mo 5 * . *	
(a) Individuals/Persons Other	·· ·	
Than Political Committees		(<u>C),,,,,,,</u>
(i) Itemized (use Schedule A)		
(ii) Unitemized	<u>O</u>	Commencial influence in the
(iii) TOTAL (add		" Mark of the Address
Lines 11(a)(i) and (ii)▶	<u>O</u>	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(b) Political Party Committees		Unin in his man remin
(c) Other Political Committees	()	()
(such as PACs)		Winney minime
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0	D. C. Santa State of the Assessment
Totals to Line 33, page 5)		
Party Committees	^	O
Party Committees		Uninitario ministratione
All Loans Received		V
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Loan Repayments Received	Urana and	lon no no non
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5) Refunds of Contributions Made	<u>U</u>	Unana and and
to Federal Candidates and Other	. •	
Political Committees		1
Other Federal Receipts		<u>University</u>
(Dividends, Interest, etc.)		O talk is a second second
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(a) Non-Federal Account		
(from Schedule H3)		0
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(b) Levin Funds (from Schedule H5)	1	0
(b) Levin Funds (nom Schedule H3)		
(c) Total Transfers (add 18(a) and 18(b))	(V) , , , , , , , , , , , , , , , , , , ,	
(c) Total Transfers (add Total and Total)		
•	e, e	
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	D	A
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	Oran and the same of the same	0
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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(l), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made.....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 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).....

DETAILED SUMMARY PAGE of Disbursements

III. Net Contributions/Operating Expenditures			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	O		0.
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6		O to the contract the contract of the contract
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each categ Detailed Surnn	schedule(s) ory of the	FOR LINE NUMBER: PAGE OF (check only one) 11a
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Full Name (Last, First, Middle Initial) A.	The state of the s	5 <u>. 11877 - 1146</u> 44 14 1 14 84	Date of Receipt
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HEDULE C (FEC Form 3X)	1	Use separate schedule(s)	PAGE OF		
ANS	. , ,	for each category of the			
		Detailed Summary Page	FOR LINE 13 OF FORM 3X		
ME OF COMMITTEE (In Full)	- 		·		
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List All Endorsers or Guarantors (if any)	to Loan Source		963 * 64		
1. Full Name (Last, First, Middle Initial)	a committee of the comm	Name of Employer	Professional Control of the Control		
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Carry outstanding balance only to LINE 3, Schedule D, for this line. 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

ederal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		 %
Mailing Address	1. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
A control of the grant of the	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	is to the finally incurred in the second sec	d
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. Are other parties secondarily liable for the debt incurr	ed?	- ক্রেট্রিক ব্রাক্তি
D. Are any of the following pledged as collateral for the		What is the value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers, similar traditional collateral?	
No Yes If yes, specify:	e del	
	· · · · · · · · · · · · · · · · · · ·	Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or tuture receipts of interest		What is the estimated value?
collateral for the loan? No Yes If yes, s		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Locotion of account: Address: City, State, Zip: as pledged for this loan, or if the	amount pledged does not equal or exceed
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Locotion of account: Address: City, State, Zip: as pledged for this loan, or if the	amount pledged does not equal or exceed
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan. G. COMMITTEE TREASURER	Locotion of account: Address: City, State, Zip: as pledged for this loan, or if the	amount pledged does not equal or exceed ich it assures repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: WWW / WY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Locotion of account: Address: City, State, Zip: as pledged for this loan, or if the	amount pledged does not equal or exceed nich it assures repayment.
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CHEDULE D (FEC Form 3X) EBTS AND OBLIGATIONS Cluding Loans AME OF COMMITTEE (In Full)	(Use separate schedule(s) for each numbered line) PAGE OF FOR LINE NUMBER: 9 10
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
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City State Zip Code	
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C. Full Name (Last First Middle Initial) of Debtor or Creditor.	Nature of Debt (Purpose):
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Amount Incurred This Period : Payment This Period	Outstanding Balance at Close of This Per
Language Language	
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page this line number only)	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	• <u></u>
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page o	only) >



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SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES			PAGE	OF
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City State	Zip Code		<u>, </u>	
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Purpose of Expenditure	Category/ Type	Office Sou	Senate	State:
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FEC Schedule F (Form 3X) Rev. 02/2009



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)	
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USE ONLY ONE SECTION, A or B	
A. State and Local Party Committees	
Fixed Percentage (selectione)	est : Thu
Presidential-Only Election Year (28% Federal)	s - A syrapty (-) Final spanish
Presidential and Senate Election Year (36% Federal)	est Test
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15% Federal)	1
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage	s on a second
If the committee will allocate using the flat minimum percentage of 50% federal funds, che	eck"
If the committee is spending more than 50% federal funds, indicate ratio below	Sign for the first of the first
Federal%	est for training
Nonfederal %	Windowsky
This ratio applies to (check all that apply):	AND
Administrative Generic Voter Drive Public Communications Referencing I	Partý Önly



CHEDULE H2 (FEC Form 3X) LLOCATION RATIOS		.4 1	<i>:</i> .				PAGE	OF
AME OF COMMITTEE (In Full)	- <u>-</u>						ļ	· .
ATIOS FOR ALLOCABLE FUNDRAISING EV	ENTS AND DI	RECT CAN	NDIDAT	E SUPPO	ORT			·
CTIVITIES APPEARING ON THIS REPORT.		74. JH				·		į.
I. FUNDRAISING activities are allocated	using the "fund	ds receive	d metho	od" where	the federa	al prop	ortion of	
expenses must equal the federal proposition. Shared DIRECT CANDIDATE SUPPO where the federal proportion of disburstivity. For PACs Only: Direct candidate federal and nonfederal candidates, regare allocated using a time/space meth	RT activities are sements is base e support include pardless of whe	e allocated ed on the des public	benefit . commu	derived l unications	by federal of or voter d	candid Irives t	ates from hat refer	the ac- to both
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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FOR LINE 18a OF FORM 3X

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	21a OF	FORM	3X

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Α.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	Mailing Address	.an	The second second	Administrative Fundraising Exempt
		Zip Code		Voter Drive Direct Candidate Support
:	City State	Zip Oode		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
:	Purpose of Disbursement:			Allocated Activity of Event real-to-Date
:	Activity or Event Identifier:		. Category	TO A COMPANSION PROPERTY (ALCOHOL)
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:	Activity or Event Identifier:		Category/ Type	Date M.M. / D.D. / YUYUY
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•	Mailing Address			Administrative Fundraising Exempt
•	Olte	Zin Code		Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			Profinitive and the second
	Activity or Event Identifier:	make the second of the second	Conserve in	Market / Lond / Landa
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S	UBTOTAL of Allocated Federal and NonFederal Activity T	his Page		
:	FEDERAL SHARE +	NONFEDERAL		_ = TOTAL AMOUNT
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	FEDERAL SHARE	NONFEDERAL		TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

LLOCATE	D FEDERAL ELECTION	N ACTIVITY	**************************************	
be used	by State, District and Loca	l Party Committees Only)	•	PAGE OF FORM 3X
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	Total Amount Transferred for Voter			
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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
FOR LINE 30a OF FORM 3X

AME OF COMMITTEE (In Full)	
AME OF COMMITTEE (III Full)	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOIV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
3.11	
Purpose of Disbursement	Category/ Type
FEDERAL SHARE + I	LEVIN SHARE = TOTAL AMOUNT
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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	
Purpose of Disbursement	Category/ Type Date Date
FEDERAL SHARE +	_EVIN SHARE = TOTAL AMOUNT
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Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
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 SEDERAL SHARE	30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT
FEDERAL SHARE	TOTAL AMOUNT
	LEVIN SHARE
FOTAL This Period for the Levin Share	
BAN026	FEC Schedule H8 (Form 3X) Rev. 02/200



# SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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;	(b) Unitemized			
•	(c) Total	<u> </u>	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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3.	(Add Lines 10 and 2) (Add Lines 10 and 2)		The state of the s	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
	(a) Voter Registration			
	(b) Voter ID:			
	(c) GOTV			
;	(d) Generic Campaign			
ř	(e) Total			
5.	OTHER DISBURSEMENTS			
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	<u> </u>		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)			
8.	RECEIPTS			
9.	SUBTOTAL(Add Lines 7 and 8)			
10.	DISBURSEMENTS			
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	7 # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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## SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) tor each category of the Aggregation Page FOR LINE (check online)

	PAGE	OF
T LINE NUMBER:	1a	2

	Aggregation Page (check only one) 1a 2
Any information copied from such Reports and Statements may not be or for commercial purposes, other than using the name and address	e sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	
Full Name (Last, First, Middle Initial) / Full Organization Name	[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
Mailing Address	Amount of Each Receipt this Period
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Name (Last, First, Middle Initial) / Full Organization Name       Mailing Address	Date of Receipt
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Name of Employer or Principal Place of Business	Aggregate Year-to-Date
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City State	Zip Code  Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
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City State	Zip Code Zip Code
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
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SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	▶ ·· Lange of the second of t



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FOR LINE NUMBER: PAGE ÓF Use separate schedule(s) (check only one) for each category of the Aggregation Page 4b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions. or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address STAR SERVICE STAR City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement, or made or agency or Full Name (Last, First, Middle Initial) / Full Organization Name **B**. • Date of Disbursement B. G. Billion, 2 Or Mary & De 189 to the first is **Mailing Address** Zip Code State Amount of Each Disbursement this Period 🚚 - Lagor II. Eggs II i saucare. Purpose of Disbursement 7 TO 11 15 Full Name (Last, First, Middle Initial) / Full Organization Name - 1 val C. **Date of Disbursement** Mailing Address 400 1 600 13:00 m 37 mg City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement abali qil · 517. Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement ANTHORNE STATE Mailing Address City amoral hours State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. **Date of Disbursement Mailing Address** :,€ 175 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional).....



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

Federal Election C ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this	OR INCOMING DOCUMENTS
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Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
4mis	12/12/14
PREPARER (3/2005)	DATE PREPARED
(3/2005)	