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FEC MAIL CENTER

FORM 3X

REPORT OF RECEIPTS

For Other Than An Authorized Committee

							Use Unity
. NAME OF COMMITTEE (in ful	TYPE OR	PRINT ▼		mple: If typing, ty r the lines.	rpe 🕴 1	2FE4M5	1
Kona Toa	Party	PAL		<u> </u>			
			باللل	<u> </u>			
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Check if differe than previously reported. (ACC		IKa K	ona.			LI RG	<u> 740-L.</u>
. FEC IDENTIFICAT	ION NUMBER 1	, c	ITY 🛦		ST	ATE A	ZIP CODE A
C0048	5136	3.	IS THIS REPORT	NEW (N)	OR	AMENDE (A)	ED.
. TYPE OF REPO (Choose One)	Re	eport ie On:	eb 20 (M2) ar 20 (M3)	i,-	20 (M5) O (M6)	Aug 20 (M8	(Non-Election Year Only)
(a) Quarterly Repor	ts:	A	or 20 (M4)		3 (M7)	Oct 20 (M1	(Non-Election Year Only)
April 15 Quarterly F	leport (Q1) (c)	12-Day	4 1	Primary (12P)		General (12G)	Runoff (12R)
July 15 Quarterly F	1	PRE-Election Report for the:		Convention (12C)		Special (12S)	Runoff (12R)
October 15 Quarterly F January 31 Year-End F	leport (Q3)	Elec	tion on	M M A		Į.	in the
July 31 Mic Report (No Year Only)	l-Year (d)	30-Day POST-Election	2,500 1 0 1 1 2,000	General (30G)	1,000	Runoff (30R)	Special (30S)
Termination (TER)	Report	Report for the:	tion on		E 4	¥r v rvij de deskr	in the State of الم
Covering Period	11 2	3 2010	,	anne de la company de la compa	************	3/ 2	515
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ignature of Treasurer	H Mish	al Sur	u		Dat	e 0 [17 2011
	e, erroneous, or in	complete informati	on may su	bject the person s	igning this	Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only					l	FE	EC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Tea Party PAC From: Report Covering the Period: **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)

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 or Type Committee Name

Danad Carre		# 4 7 7 6	י אין אין אין אין אין אין אין אין אין אי
Heport Cover	ing the Period: From:		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributio	ons (other than loans) From:		
1-9	duals/Persons Other		
	Political Committees	 State of the second state of the second secon	11100 00
· (i) Ite	arnized (use Schedule A)	The second secon	1400 <u>00</u> 1433 <u>50</u> 1833 <u>50</u>
(ii) Uı	nitemized	1 2 3 5 0 E	,433
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(b) Politic	al Party Committees	ing and the second of the seco	The second secon
• •	Political Committees	Approximately on the entropy of the contraction of	 Mile School (1998) The second section of the second section (1998).
•	as PACs)	$(a_{i,j+1,j+1},a_{i,j+1,j+1,j+1},a_{i,j+1,j+1,j+1,j+1},a_{i,j+1,j+1,j+1,j+1,j+1,j+1})$	The street was the street of t
• •	Contributions (add Lines	and the second s	
	įė̃), (b), and (c)) (Carry to Line 33, page 5)	23500	1237 30
	From Affiliated/Other	23500	1,833 50
	mittees		
			· Tage Man Park (1997年) ・ 東京 Man (1997年) ・ Man (1997年) - Tage Man (1997年) ・ Man (19
13. All Loans	Received	المعارية والمعارضين والمعارضين والمعارض والمعارض والمعارض والمعارض والمعارض والمعارض والمعارض والمعارض والمعارض	in the second of
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•	ayments Received	Anna Carrier Commence of the C	ing the state of t
	Operating Expenditures		
•	Rebates, etc.)	graph and the control of the first of the control o	gradient in der Stadten der Berger und der Stadten der
· -	als to Line 37, page 5) If Contributions Made	and the second of the second o	The second section of the second
	Candidates and Other	and the second of the control of the	and the state of t
	ommittees		•
17. Other Fed	eral Receipts	- Particol - Company Transfer Landwick (Time Transfer Landwick) (Ti	i gart de le leggi est par les leggis en la companya de la company
(Dividends	, Interest, etc.)	· · · · · · · · · · · · · · · · · · ·	
18. Transfers	from Non-Federal and Levin Funds		and the second of the second o
	ederal Account	The second secon	grammer and security in programmer and the security means of the security of t
(from	Schedule H3)	The second secon	The state of the second
(b) Levin (Funds (from Schedule H5)	1	the state of the s
		as constant when the second section of	The second secon
(c) lotal l	ransfers (add 18(a) and 18(b))	The state of the s	$(\mathcal{B}_{n+1}, \mathcal{B}_{n+1}, \dots, \mathcal{B}_{n-1})$ (2) $(\mathcal{B}_{n+1}, \mathcal{B}_{n+1})$
			•
19. Total Rece	eipts (add Lines 11(d),	and the grown of the control of the	e staerma arabis (ex. actività de la companio de l
12, 13, 14	, 15, 16, 17, and 18(c))▶	,235.00	1,83350
00 T-1-1 F- 1	and Denoists	•	
20. Total Fede	eral Receipts Line 18(c) from Line 19)	and the second of the second o	to the time of the second section of the second section is the second section of the second section of the second section is the second section of the second section section is the second section of the second section sect
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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) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(!), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Pacty Committe:88..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made......Refunds of Contributions To: Individuals/Persons Other (a) Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds 29. Other Disbursements S. B. G. B. C. 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (li) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Fetteral Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 166750 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

•	FEC Form 3X (Rev. 02/2003)	or Disbursements	Page 5
Til	l. Net Contributions/Operating Ex- penditures	COLUMN A Total This Patiod	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) (from Line 11(d), page 3) Total Contribution Refunds	235@	, 1,8335
34.	(from Line 28(d))	·	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 235.2	1,833 30
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	*	•
37 .	Offsets to Operating Expenditures		
38.	(from Line 15, page 3) Net Operating Expenditures	Section 1997 And Section 1997 Address And Section 1997 An	American services of the servi
	(subtract Line 37 from Line 36)	Salah di Amerikan (n. 1866) di Amerikan (n. 1866).	process for extra

SCHEDUL	EA	(FEC	Form	3X)
ITEMIZED	REC	EIPTS	;	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Receipt 三朝作出,人人自然感觉,是可以不可可以不 Mailing Address Zip Code State City Amount of Each Receipt this Period the transfer regularity $\rho_{\rm sp} = 10^{-3} \, {\rm km}^{-2} \, {\rm km}^{-2}$ promingual value natura. FEC ID number of contributing federal political committee. Albert Allegar Logica & grider on the 19th Hilliam Propries when the gar Occupation Name of Employer Receipt For: Aggregate Year-to-Date ▼ فتحصينا المالياتين إاليا **Primary** General Other (specify) But May be to Brown and Street and a set of the to Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address TWENT A DOMESTIC PROPERTY. City Zip Code State Amount of Each Receipt this Period $(x_1, x_2, \dots, x_n, x_n) = (x_1, x_1, \dots, x_n, \dots, x_n)$ FEC ID number of contributing federal political committee. فالمناب والأوا والمنازي وهيوسها الطوار سالا أأنار والسامليات أأ and the state of t Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ New York with the reserve to the second substantial and the second substantial second Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address THOM I A DOMETT A STY OF THE OWN The second of the second second City State Zip Code Amount of Each Receipt this Period tina itatut ja starnius, nitsis ila niza energy, ilea j FEC ID number of contributing federal political cammittee. Element is real and first our confloring that the real of the things of the Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General general control of the control of th Other (specify) and the same of the same of the same of the same of SUBTOTAL of Receipts This Page (optional)...... TOTAL This Period (last page this line number only)...... ling to the first the section of the section of the proof

SCHEDULE B (FEC Form 3X)	<u></u>	T -				4055				PAGE		OF.	7
ITEMIZED DISBURSEMENTS	Use separate schedule(s)		-	LINE I	_	MBER: e)				1700		<u> </u>	1
HEMIZED DISBONSEMENTS	for each outegory of the Detailed Summary Page		21b			22		23		24	25		26
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NAME OF COMMITTEE (in Full)	ile districted to the passes	4	11111111										
	esta Pr	4	<u>_</u>	<u> </u>									
Full Name (Last, First, Middle Initial)					ſ	Date of	f Nie	hurea	men	ıt.			
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Malling Address									•	j. 			:
	State Zip Code												
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City	State Zip Code					•							
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Senate President	ment For: Primary General Other (specify)		·)[~				•	3 1., Mg	*****	. 1200 co.	ر میں ہاتھ	F., 1.	
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C.				1		Date of							
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SCHEDULE C (FEC Form 3X)		····				
LOANS	Use separate schedule(s) for each category of the	PAGE OF				
	Detailed Summary Page	FOR LINE 13 OF FORM 3X				
NAME OF COMMITTEE (In Full) FONCE For Party P	AC					
LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Addres		ection: Primary General Other (specify	" ▼	-		
City State ZIP Co	ode					
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at	Close of This	Period		
, , , , , , , , , , , , , , , , , , , ,	,	, ,	· ·			
TERMS Date incurred Date Due	Interest Flate		Secured			
	-	% (apr)	Yes	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:	,				
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:	1				
SUBTOTALS This Period This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1	•			
TOTALS This Period (last page in this line only)	······································	, ,				

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)	\wedge	FEC IDENTIFICATION NU	MBER
Kona Tea Porty	PAC	C0048513	36
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR	1
Full Name		1	
1 / / /		1	
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurre	d	
B. If line of credit,	Total		
Amount of this Draw:	Outstanding Balance		
C. Are other parties secondarily liable for the debt incl No Yes (Endorsers and guarantors	urred? must be reported on Schedule C.)	•	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or off.	e loan. real estate, personal of deposit, chattel papers.	What is the value of this collaterar	
No Yes If yes, specify:	i		
		Does the lender have a perfected so	ere or early
	!	interest in it? No Yes	,
5. Are any future contributions or future receipts of int	erest income interdued as	Address on the continue to the continue to	
E. Are any future contributions or future receipts of int collateral for the loan? No Yes If yes	, specify:	What is the estimated value?	
A depository account must be established pursuant	specify	What is the estimated value?	
collateral for the loan? No Yes If yes	specify		
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).	Location of account Address: City, State, Zip: was pledged for this loan, or if the	amount pledged does not equal or ex	сева
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 the loan amount, state the basis upon which this load.	Location of account Address: City, State, Zip: was pledged for this loan, or if the	amount pledged does not equal or ex inch it assures repayment.	ссева
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account Address: City, State, Zip: was pledged for this loan, or if the	amount pledged does not equal or ex	«Ceed
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 to the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER	Location of account Address: City, State, Zip: was pledged for this loan, or if the	amount pledged does not equal or ex inch it assures repayment.	ссева
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Collateral for the loan? No Yes If yes 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 to the loan amount, state the basis upon which this lost the loan amount. State the basis upon which this lost the loan agreement. G. COMMITTEE TREASURER Typed Name Signature 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	Location of account Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on when the state of the country of the cou	amount pledged does not equal or ex nich 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: F If neither of the types of collateral described above the loan amount, state the basis upon which this load the loan amount is the basis upon which this load is greatly as 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 are accurate as stated above. II. The loan was made on terms and conditions (Location of account Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on whether the state of the loan and other informaticulating interest rate) no more tall.	amount pledged does not equal or expending it assures repayment. DATE Date nation regarding the extension of the regarding the	10.01
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 to the loan amount, state the basis upon which this lost the loan amount. G. COMMITTEE TREASURER Typed Name Signature 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 are accurate as stated above.	Location of account Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on what terms of the loan and other information including interest rate) no more tailor to comparable credit worthiness. It a loan must be made on a basis	amount pledged does not equal or expected it assures repayment. DATE Date nation regarding the extension of the extension	10.01
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DEBTS	ULE D (FEC Form 3X) AND OBLIGATIONS g Loans		(Use separate schedule(s) for each numbered line)	PAGE OF FOR LINE NUMBER: (check only one)
	COMMITTEE (In Full)	Party PAC	, ,	L 1/3
	Name (Last, First, Middle Initial) of Del	otor or Credito	Nature of C	Pebt (Purpose):
	standing Balance Beginning This Period			
Out	ianong Balance Cognilling Time 1 0.000			
	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	, , ,	, ,		,
B. Full	Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
Mailing	Address			
City	State	Zip Code		
Outs	tanding Balance Beginning This Period , , , . Amount Incurred This Period	Payment This Period		ng Balance at Close of This Peno
1	Name (Last, First, Middle Initial) of Deb			ebt (Purpose):
	**			
Mailing	Address			
City		State Zip Code		
Outsi	anding Balance Beginning This Period			
) J	Payment This Pasied	Outness adds	a Balanca at Olean of This O
	Amount Incurred This Period	Payment This Period	Oustandin	g Balance at Close of This Period
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	OTALS This Period This Page (optional)			1
	S This Period (last page this line number			;
	OUTSTANDING LOANS from Schedule			,
) ADD 2	and 3) and carry forward to appropriate	line of Summary Page (last page on	ly) ▶	,

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF OF FORM 3
Check if 24-hour notice 48-hour notice	FEC IDENTIFICATION NUMBER &
Full Name (Last, First, Middle Initial) of Payee Mailing Address	Date
City State Zip Code	
Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: Senate District: President
Calendar Year-To-Date Per Election for Office Sought	Check One Support Oppose Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······ •
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	······ • · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	re not made in cooperation, consultation, or concert to either, or (if the reporting entity is not a political
Signature · ·	

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

2 U.S.C. §441a(d)) _{(Ti}	o be used only by	Political Con	nmittees in the Ge	neral Election)	FOR LINE 2	5 OF FORM 3
NAME OF COMMITTEE (In Full)	Jake IF	assistant of St	PAT bordinate Committee	<u></u>		
poordinated expenditures by a political par YES NO YES, name the designating committee:	ty committee?	ailing Addres	1/1/) adalah Aprimanan men takan	
·	Cil	v // {	15	Šta	ite ŽiP	Coae
Full Name (Last, First, Middle Initial) of	f Each Payee			Purpose of Expe	enditure	
Mailing Address					···	Category Type
City	State	Zip Code		Date		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidentia	State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶				<u>;</u>		
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	inditure	
Mailing Address			· ·	D-1		Category/ Type
City.	State	Zip Cone		Date		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State District:	Amount	• • • •	
Aggregate General Election Expenditure for this Candidate ▶	•					
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exper	nditure	
Mailing Address				Date		Category/ Type
City	State	Zip Code	Managemb = 27	Date		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District.	Amount	· • · · · ·	· • · · · · · · · · · · · · · · · · · ·
Aggregate General Election Expenditure for this Candidate ▶						
JBTOTAL of Expenditures This Page (op-	tional)		 			
			•			
OTAL This Period (last page this line num	iber only)					

PAGE

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, Bistrict 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)	Tea Port	in PAC
	USE ONLY ONE	SECTION, A or B
A. State and Local	Party Committees	
Fixed Percentage (
	Only Rection / ear 128% Fo	•
	and Senate Effection Year (Election Year (21% Federa	
Non-Presider	ntial and Non-Senate Electi	on Year (15% Federal)
B. Separate Segreg	jated Funds and N	Ionconnected Committees
Flat Minimum Feder	al Percentage	
If the committee will Or	allocate using the flat minir	num percentage of 50% federal funds, check
If the committee is sp	pending more than 50% fee	deral funds, indicate ratio below
,		
This ratio applies to (check all that apply):	
Administrative	Generic Voter Drive	Public Communications Referencing Party Only

SCHEDULE H2	(FEC	Form	3X)
ALLOCATION R	ATIOS		

PAGE (OF

NAME OF COMMITTEE (In Full)	AC				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT					
Aethods of allocation:					
I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.					
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the beneficivity. For PACs Only: Direct candidate support includes public comfederal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	efit derived by federal car imunications or voter drive	ndidates from the ac-			
ACTIVITY OR EVENT IDENTIFIER	SEDERAL M	MONEGER			
ACTIVITY IS:	FEDERAL %	NONFEDERAL %			
Fundraising Dire Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		0			
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support	. 56				
CHECK IF THE RATIO IS: New Revised Same as Previously Reported .					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL *.			
ACTIVITY IS:					
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	"	-			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL .			
ACTIVITY IS:	-				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	··				
New Revised Same as Previously Reported					

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

PAGE.		70	F	7	
EOR I	INIE		OE.	FOUN	2 V

IAME O	Dona len Party AAC
NAME	ora for factor ALA
BREA	AKDOWN OF TRANSFER RECEIVED
1	Total Administrative
	Generic Voter Drive
iii)	Exempt Activities
iv)	Direct Fundralsing (List Activity or Event Identifier)
	a)
,	b)
) ,	c) Total Amount Transferred For Direct Fundraising
v) (Oirect Candidate Support (List Activity or Event Identifier)
,	a)
'	0) *
	2, Iotal Amount Transferred For Direct Candidate Support
vi) f	Public Communications Referring Only to Party (Made by PAC)
.	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED
OTAL I	nis Period (Administrative)
OTAL I	his Period (Generic Voter Drive)
OTAL I	his ^{ta} eriod (Exempt Activities)
OTAL I	his Period (Direct Fundraising)
OTAL T	his Period (Direct Candidate Support)
	his Period (Public Communications Referring Only to Party)
OTAL II	his Period (Total Amount Transferred)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		Ç	F	Ī	
				,	
FOR L	INE	21a	OF	FORM	37

	Kona Taa	UYN	y pas	<u> </u>	Allocated Activity or Event:
L	Full Name (Last, First, Middle Initial)	. /			Administrative Fundraising Exemp
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
	•			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	, ,				
	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Suppo
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			0.44	
				Category/ Type	Date
	. FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	one de la company de la co La company de la company d		1		, ,
	Full Name (Last, First, Middle Initial)			•	Allocated Activity or Event: Administrative Fundraising Exercise
	Mailing Address	- -			Administrative Fundraising Exemp Voter Drive Direct Candidate Տաբբա
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	G.1.,			*	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				1
	·				
	Purpose of Disbursement:			Category/ Type	Date
	Purpose of Disbursement:	+	NONFEDERAL S	Туре	Date TOTAL AMOUNT
	Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDERAL S	Туре	<u> </u>
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE			Туре	<u> </u>
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE			Type SHARE	<u> </u>
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE BTOTAL of Allocated Federal and NonFederal	Activity This	Page NONFEDERAL S	Type SHARE	= TOTAL AMOUNT = 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)

FOR LINE 186 OF FORM 44

		FOR CINE 100 OF FORM 1X:
NAME OF CO	MMITTEE (In Full) Park	s PAC
NAME OF	ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	VOIET REGISTRATION Total Amount Mansferred for Voter Registration	VOTER REGISTRATION
ii)	Voter ID Total Amount Transferred for Voter ID	VOIFICIO
ifí)	GOTV folal Amount Transferred for GOTV	GUIV
iv)	Generic Campaign Activity fotal Amount Transferred for Generic Campaign Activity	OF NEHR, CAMPARIN ACTIVITY
NAME OF A	CCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
 BREAKDOV	VN OF THIS TRANSFER	
i} •	Voter Registration Total Amount Transferred for Voter Registration.	OTHER REGISTRATION
n)	Voter ID Total Amount Translemed for Voter ID	
•	GOTV Total Amount Transferred for GOTV	GOIV
IV)	Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	A DE DIE CAMPANA ACTIVITÀ
	TOTALS FOR BREAKDOWN OF TRANSFER	RECEIVED (Last Page Only)
FOTAL	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)	· · · · · · · · · · · · · · · · · · ·

3055107 O

• 64°. . ·

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) FOR LINE 30a OF 1

JAME DI LOMMITTEE (In Full)	į
Jona Ca TORXY PA	\mathcal{U}
A Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event Voter Registration
a / / 1	Voter ID Generic
	Allocated Activity or cizent man in
Mailing Address	
City State Zip Code	1
Purpose of Disbursement (Category)	1
Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= IOIALAMOUNI
B Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event
The state (200), 7 ion. means and, 7 ion organization	Voter Registration Co
	voter II) Genera
Mailing Address	Allocated Activity or Event Year-To .
City State Zip Code	
Purpose of Disbursement Category	1).ate
Type:	·
FEDERAL SHARE + LEVIN SHARE.	= IQIALAMOUNI
• ·•	
to Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event
•	voter Begistration voter ib — Licinesi
	vited the Chemen
Mailing Address	Allocated Activity or Event Year-To-,
City State Zip Code !	·
Purpose of Disbursement allegary	Onte
FEDERAL SHARE + LEVIN SHARE	. = IUIAL AMOUNI
rebenat share	TOTAL AMOUNT
BTOTAL of Snared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHARE	= 101Ar AMOUNT
TAL I'ms Period (fast page for each line only)(Federal share to 30(a)(i) and Levin share to	
FEDERAL SHAPE	101AL AMUUN1
ET VIN SHARA	
TAL This Period for the Levin Share	
	H.C. Schodula H6 (Form 3X) for

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	- Party FA	4
NAME OF ACCOUNT	COLUMN A	COLUMN B
	TOTAL THIS PERIOD	YEAR-TO-DATE
RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)	,	
(b) Uniternized		
(c) Total	ı .	
2. OTHER RECEIPTS	•	, , ,
3. TOTAL RECEIPTS(Add Lines 1c and 2)	,	. ,
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	,	
(b) Voter ID	,	•
(c) GOTV		• • • • • •
(d) Generic Campaign	•	,
(e) Total		
OTHER DISBURSEMENTS		
TOTAL DISBURSEMENTS(Add Lines 4e and 5)	-	
BEGINNING CASH ON HAND(for Column 8, use cash as of January 1st)		
RECEIPTS)	•
SUBTOTAL(Add Lines 7 and 8)	4	•
DISBURSEMENTS(From Line 8)		
ENDING CASH ON HAND(Subtract Line 10 From Line 8)		
4		·

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SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

PAGE

ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)
Any information copied from such Reports and Statements may not to or for commercial purposes, other than using the name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)	PAC	
Full Name (Last, First, Middle Initial) / Full Organization Name /		Date of Receipt
Mailing Address City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Receipt
Mailing Address	-	Amount of Each Receipt this Period
City State	Zip Code	Amount of Each Necept (his Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address		Amount of Each Descint this Design
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name	·	Date of Receipt
Mailing Address		y er eg grannen
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

SO IT O

SCHEDULE L-B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 4a 4c 5
OF LEVIN FUNDS	Aggregation Page	4b 4d 4d
Any information copied from such Reports and Statements may nor for commercial purposes, other than using the name and address	ot be sold or used by any personess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	at PAC	<u> </u>
Full Name (Last, First, Middle Initial) / Full Organization Name		
A		Date of Disbursement
Mailing Address		
City	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last. First, Middle Initial) / Full Organization Name D.		Date of Disbursement
Mailing Address		•
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		Data at Dishusana
E.		Date of Disbursement
Mailing Address		
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)		,

D.

E.

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
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked [// 9//)
Delivery Confirmation™ or Signature Confirmation™ Label	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s 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
Other (Specify):	eceipt or Postmarked
Si	1/24/11
PREPARER (3/2005)	DATE PREPARED
•	