

Downingtowntown Independent Victory PAC

MJ CHEGINI,
TREASURER

500 WESTOVER DR, SUITE 5783
SANFORD, NC 27330
DOWNINGTOWNVICTORYPAC.WEEBLY.COM
DTOWNVICTORYPAC@USA.COM

July 31, 2016

To Whom It May Concern:

Please find the "Report of Receipts and Disbursements", AKA FEC Form 3X, from a starting period of 05/31/2016 (official organization of PAC) to 7/30/16. Thank you.

Regards,

M.J. Chegini
Treasurer, Downingtowntown
Independent Victory PAC

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**FEC
FORM 3X**

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

RECEIVED
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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Dominion Independent Voters Org

ADDRESS (number and street) *1424 Federal Dr*
Suite 200
City State ZIP Code
Dominion PA 17035

FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 00618789

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

TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:				
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	Dec 20 (M12) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Oct 20 (M10)	Jan 31 (M1)
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)			
July 15 Quarterly Report (Q2)					
October 15 Quarterly Report (Q3)					
January 31 Year-End Report (YE)					
July 31 Mid-Year Report (Non-election Year Only) (MY)					
Termination Report (TER)					
	(c) 12-Day Report for the:				Runoff (12R)
	Primary (12P)	General (12G)			
	PRE-Election	Special (12S)			
	Convention (12C)				
	Election on M M / D D / Y Y Y Y				in the State of
	(d) 30-Day POST-Election Report for the:				Special (30S)
	General (30G)	Runoff (30R)			
	Election on M M / D D / Y Y Y Y				in the State of

5. Covering Period *05 31 2016* through *07 30 2016*

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer *Mr. Clayton*

Signature of Treasurer *[Signature]* Date *07 30 2016*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30101.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Armsington Independent Voters Club

Report Covering the Period:

From:

05 31 2010

To:

07 30 2016

NON-PROFIT ORGANIZATION

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2016</i>		<i>0</i>
(b) Cash on Hand at Beginning of Reporting Period.....		<i>0</i>
(c) Total Receipts (from Line 19)	<i>28.00</i>	<i>→</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>28.00</i>	<i>→</i>
Total Disbursements (from Line 31)	<i>25.00</i>	<i>→</i>
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>0</i>	<i>→</i>
Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>↓</i>	
10. Debits 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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 05 31 2006 To: 07 30 2006

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25.00 →	25.00
(ii) Unitemized.....	0 →	
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25.00 →	
(b) Political Party Committees.....	0 →	
(c) Other Political Committees (such as PACs).....	0 →	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	25.00 →	
12. Transfers From Affiliated/Other Party Committees.....	0	0
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)).....▶	25.00	25.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25.00	25.00

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28.00	25.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	28.00	25.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	25.00	25.00

ADDITIONAL INFORMATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25.00	
34. Total Contribution Refunds (from Line 28(d))	9.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25.00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.00	

201608031015

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>6</u> OF <u>7</u>
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Democratic Independent Voters etc

A. Full Name (Last, First, Middle Initial) ~~XXXXXXXXXX~~ Mario

Mailing Address 1770 Teresa Ct Durso

City West Branch PA 15381 State PA Zip Code 15381

FEC ID number of contributing federal political committee. C

Name of Employer Insert Occupation Insert

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 28.00

Date of Receipt 09 31 2006

Amount of Each Receipt this Period 28.00

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) 28.00

TOTAL This Period (last page this line number only) 2500

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Dominion Independent Club OK

Full Name (Last, First, Middle Initial)

A.

Tina M. M... inc

Date of Disbursement

05 31 2011

Mailing Address

500 Webster Dr

City

Smyth

State

NC

Zip Code

27330

Purpose of Disbursement

Mail Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Memo Item

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

MT - depth

Date of Disbursement

05 31 2011

Mailing Address

500 Webster Dr #8787

City

Smyth

State

NC

Zip Code

27330

Purpose of Disbursement

Subs

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500

Memo Item

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mrs Cresta

Date of Disbursement

MM / DD / YY

Mailing Address

1429 Federal Dr

City

Dominion

State

PA

Zip Code

19331

Purpose of Disbursement

Subs

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Memo Item

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 OF 1
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Birmingham Independent Voters Club

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y - Y Y M M / D D / Y Y - Y Y % (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:

2010-10-01 08:00 AM

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page of Schedule C

NAME OF COMMITTEE (In Full) <i>Dunbarston Independent Ward PAC</i>		FEC IDENTIFICATION NUMBER <i>C 000618787</i>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR)
Mailing Address		Date Incurred or Established M M / D D / Y Y	
City	State	Zip Code	Date Due M M / D D / Y Y
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y . Y . Y		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature <i>[Signature]</i>		DATE M M / D D / Y Y <i>07 29 2007</i>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (in full) *Democratic Independence War Fund*

NOTHING ON BOTTOM

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

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

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) *Democrat Independent Who's Who C.C. 00018 281* FEC IDENTIFICATION NUMBER

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

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

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

- (a) SUBTOTAL of Itemized Independent Expenditures.....▶
- (b) SUBTOTAL of Unitemized Independent Expenditures.....▶
- (c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MJ - Ches
Signature _____ Date *01 30 2011*

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)

Dunwoody Investment Group Inc

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

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.....%

Nonfederal.....%

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

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

PAGE 1 OF 1
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full) *Democratic Independent Voters etc*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>USA</i>	<i>11/10/11</i>	<i>1</i>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising		
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only to Party)		
TOTAL This Period (Total Amount Transferred)		

NON-FEDERAL ACCOUNT INFORMATION

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

NAME OF COMMITTEE (In Full) *Burns/Dyckman Independent Voters PAC*

NON-FEDERAL SHARE

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Date	
Activity or Event Identifier:		M M / D D / Y Y Y	
Category/Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Date	
Activity or Event Identifier:		M M / D D / Y Y Y	
Category/Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Date	
Activity or Event Identifier:		M M / D D / Y Y Y	
Category/Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 185 OF FORM 3X

NAME OF COMMITTEE (In Full) *Barrington Independent Voters Assoc*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>MA</i>	<i>MA</i>	<i>MA</i>

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID.....				
iii) GOTV Total Amount Transferred for GOTV.....				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....				

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID.....				
iii) GOTV Total Amount Transferred for GOTV.....				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NON-FEDERAL ELECTION ACTIVITY

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

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE 1 OF 1

FOR LINE NUMBER:
 (check only one) 1a 2

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)

Democratic Fund for Women

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

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).....▶

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE 1 OF 1
(check only one) 4a 4c 4d
 4b 4d

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NAME OF COMMITTEE (In Full) Democratic Endowment Works etc

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

A. Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
M M / D D / Y Y Y Y

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).....▶

Federal
Barrford, PA 17331

U.S. POSTAGE
PAID
WEST CHESTER, PA
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AUG 03 18
\$0.00
R2304H109433-25



20463



1025

FEDERAL ELECTRIC

COMMISSION

999 E Street NW

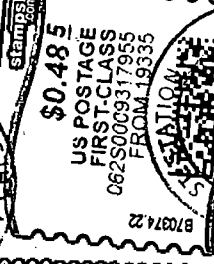
Washington, DC

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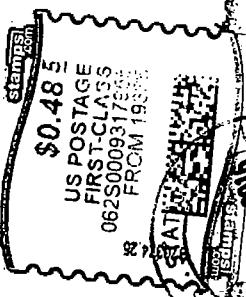
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Date of sale 05/01/16
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FROM 19335
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FROM 19335



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WEST CHESTER PA 19380
AUG 3 2016

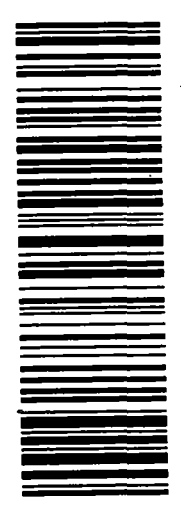
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AUG 3 2016

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