



Agenda USA

Political Action Committee

2016 JUL - 8 AM 9:18
RECEIVED
FEDERAL MAIL CENTER

July 15, 2016

Mr. Kevin Fortkiewicz
Federal Election Commission
999 E street, NW
Washington, DC 20463

RE: Submission of FORM 3x For Period Ending July 15, 2016

Committee ID Number: C00580936

Dear Mr. Fortkiewicz:

First of all, Thank You for speaking with our committee back in November 2015- concerning questions we had regarding our filing. As you mentioned, some committees (**like ours**) with little or no activity would only need to complete the first few pages of the Form 3x.

However, *out of respect for the process*, I went ahead and did the entire form with the vast majority of responses being not-applicable. We decided **to err on the side of caution by submitting ALL pages.**

We have done NO fundraising except for the one contribution required to open our committees bank account. The contribution was \$ 100 which minus the banks 'processing fee' left a balance of \$ 83.45.

Post Office Box 3193 LaVale, MD 21504

<http://www.agendausa.org>



email: director@agendausa.org

Paid for by Agenda USA and not authorized by any candidate or candidate's committee

2016 JUL 15 08:01 AM 000000112

Additionally we have conducted NO further fundraising at present due the fact that I am presently caring for an elderly relative with a long term illness that requires my full attention. I am sure you can understand my current situation.

So, in sum we have one contribution, NO Loans, Lines of Credit, Disbursements, Debts, Obligations, Allocation Rations, Levin Funds or other functions to report.

We do hope to be able to resume fundraising once we get closer to the actual election.

Thank you for your kind consideration and as I mentioned to you when we spoke, any mistakes we might have made on the form were purely unintentional due to inexperience with the process.

Respectfully,



Diane Kline



AgendaUSA

PO Box 3193

Lavale, MD 21504

Committee email – director@agendausa.org

2016-07-08 09:00 AM

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 JUL -8 AM 9:49

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

AgendaUSA

ADDRESS (number and street)

Post Office Box 3193



Check if different than previously reported. (ACC)

Lavale

MD

21504

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00580936

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
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)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11)
Dec 20 (M12)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

MM/DD/YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

04/15/2016

through

07/15/2016

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 DIANE L KLINE

Signature of Treasurer

Diane L. Kline

Date

07/04/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AgendaUSA

Report Covering the Period: From:

/ /

To:

/ /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|------------------------------------|------------------------------------|
| 6. (a) Cash on Hand January 1, | <input type="text" value="83.45"/> | <input type="text" value="83.45"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="83.45"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="83.45"/> | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | |
| 7. Total Disbursements (from Line 31) | <input type="text" value="0"/> | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <input type="text" value="83.45"/> | <input type="text" value="83.45"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0"/> | |



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. 06/2004)

Page 3

Write or Type Committee Name

AgendaUSA

Report Covering the Period: From:

04 / *06* / *2016*

To:

07 / *15* / *2016*

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

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

0

20160715 08:00:10

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 | 0 | |
| (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..... | | |
| 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 | 0 | |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0 | |
| (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)) .. | 0 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0 | |

NON-FEDERAL SHARE

**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"/> 27 | <input type="checkbox"/> 22 <input type="checkbox"/> 28a | <input type="checkbox"/> 23 <input type="checkbox"/> 28b | <input type="checkbox"/> 24 <input type="checkbox"/> 28c | <input type="checkbox"/> 25 <input type="checkbox"/> 29 | <input type="checkbox"/> 26 <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)
Agenda USA

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

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

Amount of Each Disbursement this Period: _____

Category/Type: _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

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

Amount of Each Disbursement this Period: _____

Category/Type: _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

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

Amount of Each Disbursement this Period: _____

Category/Type: _____

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

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

NON-FUNCTIONAL

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>AgendaUSA</i> | FEC IDENTIFICATION NUMBER <i>000580936</i> |
|---|---|

| | | |
|---|---|--------------------------------|
| LENDING INSTITUTION (LENDER) Full Name <i>N/A</i> | Amount of Loan _____ | Interest Rate (APR) _____ % |
| Mailing Address | Date Incurred or Established M M / D D / Y Y Y Y | |
| City State Zip Code | Date Due M M / D D / Y Y Y Y | |

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No 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). Location of account: _____

Date account established: M M / D D / Y Y Y Y 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 | DATE M M / D D / Y Y Y Y |
|---|-----------------------------|

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 Y Y |
| Title | DATE M M / D D / Y Y Y Y |

NON-PROFIT ORGANIZATION

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)

9
10

NAME OF COMMITTEE (In Full)

Agenda USA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

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

[Empty box for Subtotals]

2) **TOTALS** This Period (last page this line number only)..... ►

[Empty box for Totals]

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

[Empty box for Total Outstanding Loans]

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

[Empty box for Add 2 and 3]

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)

Agenda USA

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)

N/A

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..... %

N/A

This ratio applies to (check all that apply):

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

20040801 10:00 AM

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

NAME OF COMMITTEE (In Full)
Agenda USA

| | | | | | |
|---|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) | | | Allocated Activity or Event: <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 | | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date <input style="width:100%; height: 20px;" type="text"/> | | |
| City | State | Zip Code | | | |
| Purpose of Disbursement: | | | Category/ Type <input style="width: 40px; height: 20px;" type="text"/> | | |
| Activity or Event Identifier: <i>N/A</i> | | | | | |
| <input style="width: 100%; height: 20px;" type="text"/> | | | <input style="width: 100%; height: 20px;" type="text"/> | | |

| | | | | | |
|---|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) | | | Allocated Activity or Event: <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 | | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date <input style="width:100%; height: 20px;" type="text"/> | | |
| City | State | Zip Code | | | |
| Purpose of Disbursement: | | | Category/ Type <input style="width: 40px; height: 20px;" type="text"/> | | |
| Activity or Event Identifier: <i>N/A</i> | | | | | |
| <input style="width: 100%; height: 20px;" type="text"/> | | | <input style="width: 100%; height: 20px;" type="text"/> | | |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) | | | Allocated Activity or Event: <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 | | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date <input style="width:100%; height: 20px;" type="text"/> | | |
| City | State | Zip Code | | | |
| Purpose of Disbursement: | | | Category/ Type <input style="width: 40px; height: 20px;" type="text"/> | | |
| Activity or Event Identifier: <i>N/A</i> | | | | | |
| <input style="width: 100%; height: 20px;" type="text"/> | | | <input style="width: 100%; height: 20px;" type="text"/> | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|--|---|--|---|--|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input style="width:100%; height: 20px;" type="text"/> | | <input style="width:100%; height: 20px;" type="text"/> | | <input style="width:100%; height: 20px;" type="text"/> |

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 |
| <input style="width:100%; height: 20px;" type="text"/> | | <input style="width:100%; height: 20px;" type="text"/> | | <input style="width:100%; height: 20px;" type="text"/> |

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Agenda USA

| | | |
|-----------------|--|--|
| NAME OF ACCOUNT | DATE OF RECEIPT M M / D D / Y Y Y Y Y Y | TOTAL AMOUNT TRANSFERRED <i>N/A</i> |
|-----------------|--|--|

BREAKDOWN OF THIS TRANSFER

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 M M / D D / Y Y Y Y Y Y | TOTAL AMOUNT TRANSFERRED <i>N/A</i> |
|-----------------|--|--|

BREAKDOWN OF THIS TRANSFER

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)..... *N/A*

TOTAL This Period (GOTV).....

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

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

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)

NAME OF COMMITTEE (In Full)
Agenda USA

| | | | |
|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City State <i>N/A</i> Zip Code | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Purpose of Disbursement | | Allocated Activity or Event Year-To-Date | |
| Category/Type | | Date | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | |
|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City State <i>N/A</i> Zip Code | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Purpose of Disbursement | | Allocated Activity or Event Year-To-Date | |
| Category/Type | | Date | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | |
|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City State <i>N/A</i> Zip Code | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Purpose of Disbursement | | Allocated Activity or Event Year-To-Date | |
| 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 30(a)(i) and Levin share to 30(a)(ii)) | | | |
| FEDERAL SHARE | | LEVIN SHARE | TOTAL AMOUNT |
| TOTAL This Period for the Levin Share | | | |

1-800-424-9546

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

| | |
|-----------------------------|-------------------|
| NAME OF COMMITTEE (In Full) | <i>Agenda USA</i> |
| NAME OF ACCOUNT | |

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|--|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | <i>0</i> | |
| (b) Unitemized | | |
| (c) Total | | |
| 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 | <i>0</i> | |
| 5. OTHER DISBURSEMENTS | | |
| 6. TOTAL DISBURSEMENTS | | |
| (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND | | |
| (for Column B, use cash as of January 1st) | | |
| 8. RECEIPTS | <i>0</i> | |
| (from Line 3) | | |
| 9. SUBTOTAL | | |
| (Add Lines 7 and 8) | | |
| 10. DISBURSEMENTS | | |
| (From Line 6) | | |
| 11. ENDING CASH ON HAND | | |
| (Subtract Line 10 From Line 9) | | |

NON-PROFIT CORPORATION

**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 OF
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
Agenda USA

A. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

2011-08-08 10:00:00 AM

1101-000000 1101-000000 1101-000000

PRIORITY MAIL
FLAT RATE
POSTAGE REQUIRED

PRESS FIRMLY TO SEAL

FROM:

Post Office Box 3193
Lavale, MD 21504

TO:

MR. KEVIN FORTKIEWICZ
CAMPAIGN FINANCE ANALYST
FEDERAL ELECTION COMMISSION
999 E STREET., NW.
WASHINGTON, DC 20463

UNITED STATES POSTAL SERVICE Retail

P US POSTAGE PAID
\$6.45

GRANVILLE, OH 43024
0915 52010
24699991155

PRIORITY MAIL 1 Day

Expected Delivery Day: 07/07/2016

USPS TRACKING NUMBER
9505 5105 5905 6187 0041 82

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2016

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