14047 - 180 - 1142

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2914 OCT -8

1.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Work America Today & Tomorrow PAC

ADDRESS (number and street) Check if different than previously reported. (ACC)		18 Litt	le Road,	Suite	#312
2. FEC IDENTIFICATION NUI		CITY ▲	<i>I</i>	STATE A Z	ZIP CODE A
c00567/64		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	: Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1 July 15 Quarterly Report (Q2	(C) 12-	Day E-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3	Re	port for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE	;)	Election on		•	in the State of
July 31, Mid-Year Report (Non-election Year Only) (MY) Termination Report	PO	Day ST-Election port for the:	General (30G)	Runoff (30R)	Special (30S)
(TER)	,	Election on			in the State of
5. Covering Period 08,	35,2	2014	through 09 ,	29,20	14
I certify that I have examined this Type or Print Name of Treasurer	Report and I	012	welledge and belief it is true	e, correct and complet	e. ,
91	richiki k		Ha O	4 C in 5	0 0 11/

Certify that	at I have examine	d this Report and to the	best of my knowledge ar	nd belief it is true, correct	and complete.
	•		,		9 - 29, 2014 o the penalties of 2 U.S.C. §437g.
FE6AN026	Office Use Only				FEC FORM 3X Rev. 12/2004

1403-180-1148

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	\bigcirc	\bigcirc
(b) Cash on Hand at Beginning of Reporting Period	0	0
(c) Total Receipts (from Line 19)	\bigcirc	
(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)	\bigcirc	
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0	\bigcirc
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		0
This committee has qualified as a multical	andidate committee. (see FEC FORM 1M)	
	For further information contact:	

Local 202-694-1100

FE6AN026

1403 - 140 - 1144

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name WORK AMERICA TO	oden & Tom	orrow PAC
Report Covering the Period: From:	05-2014	To: 09-29-2014
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)	0	Ö
(ii) Unitemized	\bigcirc	0
(b) Political Party Committees		
Party Committees		
14. Loan Repayments Received	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	Ŏ	0
 17. Other Federal Receipts (Dividends, Interest, etc.)		0
(from Schedule H3)(b) Levin Funds (from Schedule H5)		\bigcirc
(c) Total Transfers (add 18(a) and 18(b))	O	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	\bigcirc	
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	\bigcirc	

FE6AN026

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	iotal Tills Period	Calefidar Year-to-Date
(i) Federal Share		
(ii) Non-Federal Share(b) Other Federal Operating	\bigcirc	
Expenditures(c) Total Operating Expenditures		\bigcirc
(add 21(a)(i), (a)(ii), and (b))		
Committees	\bigcirc	\bigcirc
24. Independent Expenditures		\mathcal{C}
(use Schedule E)	\bigcirc	
26. Loan Repayments Made	\Diamond	
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		\bigcirc
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	\mathcal{E}	
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0	0
 (ii) "Levin" Share	0	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	\bigcirc	\bigcirc
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) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC FORM 3X)		lise congrete cohe	dula/e)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS		Use separate sche for each category of Detailed Summary	of the	(check only one) 11a
Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (IN Full) WORLAMPICA	Too	AAy E	Ton	norrow PAC
Full Name (Last, First, Middle Initial) 4.		1		Date of Receipt
Mailing Address				1
City	State	Zip Code		Annual (5 th Buildin Buildin
FEC ID number of contributing federal political committee.	С		<u></u>	Amount of Each Receipt this Period
Name of Employer	Occupation	n		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼		
Full Name (Last, First, Middle Initial)	.			Data of Descipt
B. Mailing Address				Date of Receipt
City	State	Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
Name of Employer	Occupatio	n		_
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼		
Full Name (Last, First, Middle Initial)			·	Date of Receipt
Mailing Address		· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code		American Device
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
Name of Employer	Occupatio	n		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼		· :
SUBTOTAL of Receipts This Page (optional)				·
TOTAL This Period (last page this line number				,
<u></u>				

SCHEDULE B. (FEC FOILI 3X)	Lice constate cohodule/s\	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26
•	Detailed Summary Page	216	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use		
or for commercial purposes, other than using the nam	e and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	A 4		
Work America TO	MAUE, TI)Mar	TON PAC
	417 2 16	V WY	
Full Name (Last, First, Middle Initial)	1		Date of Disbursement
· 			
Mailing Address			•
21	~ =		
City	State Zip Code		
Purpose of Disbursement			
	1		Amount of Each Disbursement this Period
Candidate Name		Category/	
O# O		Type	
Office Sought: House Disbursen			
· •	Primary General Other (specify) ▼		1
State: District:	· (apouly)		·
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
			· ·
Mailing Address			ļ
City	State Zip Code		
·	_p 5000		·
Purpose of Disbursement			<u></u>
Candidata Name			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	
-	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	•		Pate of Dishuserment
С.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement		-	
p.s.s. a.			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disburser		.	
Senate President	Other (specify) —		
State: District:	Other (specify) ▼	İ	
Signal.			
SUBTOTAL of Disbursements This Page (optional)			\sim
TOTAL This Period (last page this line number only))) ′	20

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) PAGE

OF

			for each category of the Detailed Summary Pag		13 OF FORM 3	3X
IAME OF COMMITTEE (IN	revica Toa	My E	tomorro	WPAC	, , 	
_	ame (Last, First, Middle Initi	, ,		Election: Primary General		
Mailing Address				Other (specify) •	
City	State	ZIP Co	de			
Original Amount of Loa	n Cumul	lative Payment To	Date Bala	ance Outstanding at	Close of This F	² erio
TERMS Date Inc	urred	Date Due	Interest Rat	te	Secured:	_
				% (apr)	Yes	No
List All Endorsers or C	Guarantors (if any) to Loan	Source				
1. Full Name (Last, Fi	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State ZIP	Code	Guaranteed Outstanding:			
2. Full Name (Last, Fire	it, Middle Initial)	····	Name of Employer			
Mailing Address			Occupation		 _	
			Amount			
City	State ZIP	Code	Guaranteed Outstanding:			
3. Full Name (Last, Fire	it, Middle Initial)		Name of Employer			
Mailing Address			Occupation		 .	
			Amount		 ;	
City	State ZIP	Code	Guaranteed Outstanding:			
4. Full Name (Last, Fin	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State ZIP	Code	Guaranteed Outstanding:			
SUBTOTALS This Period	This Page (optional)		<i>(</i>	<u>ー</u> ろ		
TOTALS This Period (last	page in this line only)		······································	2		
Carry outstanding balance	e only to LINE 3, Schedule D), for this line. If	no Schedule D, carry for	rward to appropriate	e line of Sumn	nary.

WA

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)	h c	FE	C IDENTIFICATION NUMBER
Work America today	1 L'HOMORROW /	AC C	
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name			
** ** A 3J	<u> </u>		<u> </u>
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due	_	
Only State Lip Good	Date Due	<u>.</u>	
A. Has loan been restructured? No Yes	If yes, date originally incurred	1	
B. If line of credit,	Total Outstanding		İ
Amount of this Draw:	Balance:		
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors management)	red? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	f deposit, chattel papers,	What is th	e value of this collateral?
No Yes If yes, specify:		Does the interest in	lender have a perfected security it? No Yes
E. Are any future contributions or future receipts of interections collateral for the loan? No Yes If yes, see the contributions or future receipts of interections. No Yes If yes, see the contributions or future receipts of interections. No Yes If yes, see the contributions or future receipts of interections. The contribution is a second of the contribution or future receipts of interections. The contribution is a second of the contribution or future receipts of interections. The contribution is a second of the contribution or future receipts of interections. The contribution is a second of the contribution or future receipts of interection or future receipts or future receipts or future receipts of the contribution of the contribution of the contribution or future receipts or future receipts of the contribution or future receipts of the contribution of the contributi	., -	What is th	e 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:	Address:		
	City, State, Zip:		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the was made and the basis on wh	amount ple nich it assur	dged does not equal or exceed es repayment.
G. COMMITTEE TREASURER		DATE	
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 teare accurate as stated above. II. The loan was made on terms and conditions (in		ŭ	•
similar extensions of credit to other borrowers of the requirement that	of comparable credit worthiness. a loan must be made on a basi	is which ass	sures repayment, and has
complied with the requirements set forth at 11 C	OFR 100.82 and 100.142 in making	ing this loar	n
Typed Name		DATE	
Signature Ti	itle	7	
	itle	-	
i			

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

ciuaing	Loans		numbered line)	10
ME OF	COMMITTEE (In Full) TE AMERICA TO	Oday & tomor	row PA	C
A. Full	Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of Debt (F	^o urpose):
Mailing	Address	<u> </u>		
City	State	Zip Code		
Outst	anding Balance Beginning This Period	d		
	Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
B. Full	Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of Debt (F	²urpose):
Mailing	Address			
City	State	Zip Code		
Outst	landing Balance Beginning This Period	d	<u></u>	· · · · · · ·
	Amount Incurred This Period	Payment This Period	Outstanding Ba	alance at Close of This Period
C. Full	Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature of Debt (f	⁵ urpose):
Mailing	Address			
City		State Zip Code		
Outs	tanding Balance Beginning This Period	id :		
	Amount Incurred This Period	Payment This Period	Outstanding Ba	alance at Close of This Period
) SUBT	OTALS This Period This Page (option	nal)		
) TOTAI	LS This Period (last page this line nur	mber only)	<u></u> Ø	
) TOTAI	L OUTSTANDING LOANS from Scher	dule C (last page only))	
) ADD 2	3) and 3) and carry forward to approp	oriste line of Summany Page (last name o	noty) 🕨	

1403 - 140 - 1152

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF FOR LINE 24 OF FORM 3X DENTIFICATION NUMBER ▼

NAME OF COMMITTEE (In Full)				DENTIFICATION NUMBER ▼
Work America today	tomorra	υP	AC CC	00567/64
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on	
Full Name of Payee	· 		Date of Publi	c Distribution/Dissemination
Mailing Address			Amount	
City State	Zip Code			
Purpose of Expenditure	Category/		Date of Disb	ursement or Obligation
Name of Federal Candidate	Type Support	Office	Sought:	House District:
	Oppose		President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbu	rsement For:	Primary . General
Full Name of Payee				ic Distribution/Dissemination
Mailing Address			Amount	
City State	Zip Code			
Purpose of Expenditure	Category/ Type		Date of Disb	oursement or Obligation
Name of Federal Candidate	Support	Office	Sought:	House District:
Calendar Year-To-Date Per Election for Office Sought	Oppose	Disbu	President irsement For: Other (s	Senate State: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		. > (
(b) SUBTOTAL of Uniternized Independent Expenditures		·· ▶	Ŏ	
(c) TOTAL Independent Expenditures,		·· •	Ö	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Signature Hy O. Chyntll	Date	· ()	9-2	9-2014

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))	be used only by Politic	cal Commit	Itees in the Gener	ral Election)	FOR LINE 25 C	F FORM 3X
NAME OF COMMITTEE (In Full)		6 *	× 11 -	$\overline{\Omega}$	10	
Work America		<u> </u>		ou) Y	MC_	
Has your committee been designated to ma coordinated expenditures by a political party YES NO	committee?		dinate Committee			
If YES, name the designating committee:	Mailing A	Address				
	City			Stat	e ZIP Co	ode
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	
						Category/
Mailing Address				Date		Type
City	State Z	Zip Code		Date		
Name of Federal Candidate Supported	Office Courts 11-		01-4			
Harie of Fourier Canadate Supported	, Se	ouse enate esidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶	1	- 3.00.1001			•	
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	
	•					0-4
Mailing Address						Category/ Type
City	State 2	Zip Code		Date		
Name of Federal Candidate Supported	Se	ouse enate residential	State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	
						Category/
Mailing Address				Date		Туре
City	State 2	Zip Code				
Name of Federal Candidate Supported	Se	ouse enate	State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶	<u> </u>	residential	·····			
SUBTOTAL of Expenditures This Page (or	ntional)			Ø		
TOTAL This Period (last page this line nur				0		

PAGE

ΟF

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)								
Work America today & to morrow PRC								
USE ONLY ONE SECTION, A or B								
A. State and Local	Party Committees							
Fixed Percentage (Fixed Percentage (select one)							
Presidential-	Presidential-Only Election Year (28% Federal)							
Presidential	and Senate Election Year (3	36% Federal)						
Senate-Only	Election Year (21% Federal))						
Non-Presidential and Non-Senate Election Year (15% Federal)								
	•							
B. Separate Segre		onconnected Committees						
B. Separate Segre	ral Percentage	onconnected Committees num percentage of 50% federal funds, check						
B. Separate Segree Flat Minimum Fede If the committee will or	ral Percentage allocate using the flat minim							
B. Separate Segree Flat Minimum Fede If the committee will or If the committee is s	ral Percentage allocate using the flat minim	num percentage of 50% federal funds, check leral funds, indicate ratio below						
B. Separate Segres Flat Minimum Fede If the committee will or If the committee is serviced	ral Percentage allocate using the flat minim	num percentage of 50% federal funds, check leral funds, indicate ratio below						
B. Separate Segrect Flat Minimum Fede If the committee will or If the committee is serviced in the committee is serviced Federal	ral Percentage allocate using the flat minim	num percentage of 50% federal funds, check leral funds, indicate ratio below						

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE	OF
ľ	

NAME OF COMMIT	TĘE (în Full)		1		\bigcirc
Work	AMerica	TODAY	Œ	TOMOCOW	PAC
	1110109		_		

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- 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 to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVEN	T IDENTIFIER			
			FEDERAL %	NONFEDERAL %
ACTIVITY IS:				
Fundraising		ndidate Support		
CHECK IF THE RAT	IO IS:			
New	Revised	Same as Previously Reported		
ACTIVITY OR EVEN	T IDENTIFIER	· · · · · · · · · · · · · · · · · · ·		
ACTIVITY IS:	···		FEDERAL %	NONFEDERAL %
Fundraising	Direct Ca	ndidate Support		
CHECK IF THE RAT		indicate Support	1	
New New	Revised	Same as Previously Reported		
ACTIVITY OR EVEN	T IDENTIFIER			
			FEDERAL %	NONFEDERAL %
ACTIVITY IS:				
Fundraising	Direct Ca	ndidate Support		
CHECK IF THE RAT	IO IS:			
New	Revised	Same as Previously Reported		
ACTIVITY OR EVEN	T IDENTIFIER			
	_ 		FEDERAL %	NONFEDERAL %
ACTIVITY IS:		_		
Fundraising		indidate Support	1	
CHECK IF THE RAT				
New	Revised	Same as Previously Reported		
ACTIVITY OR EVEN	T IDENTIFIER			
			FEDERAL %	NONFEDERAL %
ACTIVITY IS:				
Fundraising	Direct Ca	indidate Support		
CHECK IF THE RAT			Į.	
New	Revised	Same as Previously Reported		
ACTIVITY OR EVEN	T IDENTIFIER			
			FEDERAL %	NONFEDERAL %
ACTIVITY IS:				
Fundraising		indidate Support		
CHECK IF THE RAT	IO IS: Revised	Same as Previously Reported	'	
(AGAA	, revisen	came as rievidusty neponed		ì

HETON: - MON - HANG

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

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Work America today & tomorrow PAC
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED
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)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		О	F	_	
EOR I		21-	<u> </u>	FORM	,

١.	Full Name (Last, First, Middle Initial)		•		PRC Allocated Activity or Event:
	Full Name (Last, Flist, Middle Hittal)				Administrative Fundraising Exe
	Mailing Address				Voter Drive Direct Candidate Sup
	City	State	Zip Code		Public Comm (ref to party only) by PAC
			· · · · · · · · · · · · · · · · · · ·		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			0-1	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
_	Full Name (Last, First, Middle Initial)		 		Allocated Activity or Event:
					Administrative Fundraising Exe
	Mailing Address			•	Voter Drive Direct Candidate Sup
	City	State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Category/	
		•		Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE Full Name (Last, First, Middle Initial)	+	NONFEDERAL	SHARE	Allocated Activity or Event:
		+	NONFEDERAL	SHARE	
	Full Name (Last, First, Middle Initial)	+ State	NONFEDERAL Zip Code	SHARE	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC
	Full Name (Last, First, Middle Initial) Mailing Address			SHARE	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup
	Full Name (Last, First, Middle Initial) Mailing Address City			Category/ Type	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:			Category/ Type	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFed	State +	Zip Code NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFed	State + Ieral Activity Ti	Zip Code NONFEDERAL his Page NONFEDERAL	Category/ Type SHARE SHARE	Allocated Activity or Event: Administrative Fundraising Exe Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

10	be used by State, District and Loca	Party Committees	s Only)	FOR LINE 18b OF FORM 3X
N	AME OF COMMITTEE (In Full)	L		n A-a
1	Dork America T	COLAL F	tomor	MA WION
Ì	NAME OF ACCOUNT	DATE OF RECEIPT	10.	TOTAL AMOUNT TRANSFERRED
-		γ-		
				()
ŀ		<u> </u>		
1	BREAKDOWN OF THIS TRANSFER		VOTER REGISTR	ATION
l	i) Voter Registration		VOTER REGIST	WHON
	Total Amount Transferred for Vote	r Registration		
	ii) Voter ID		v	OTER ID
	Total Amount Transferred for Vote	т ID		
1				GOTV
	iii) GOTV			GOTV
١	Total Amount Transferred for GOT	ν		
	iv) Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Gen	eric Campaign Activity		,
	·			
	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
	·			
		_l		
	BREAKDOWN OF THIS TRANSFER		VOTER REGISTI	RATION
	i) Voter Registration		VOIEN REGISTI	nation
	Total Amount.Transferred for Vote	r Registration		
	ii) Voter ID		٧	OTER ID
	Total Amount Transferred for Vote	er ID		
				GOTV
	iii) GOTV			
	Total Amount Transferred for GO	IV	•••••	
	iv) Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Gen	eric Campaign Activity		
Γ	TOTALS FOR B	REAKDOWN OF TRANS	FER RECEIVED (L	ast Page Only)
l	,			,,
	TOTAL This Period (Voter Registration)			
1	TOTAL This Period (Voter Registration)	***************************************		
	TOTAL This Desired (Males ID)		\sim	
	TOTAL This Period (Voter ID)		\cup	
			~	
	TOTAL This Period (GOTV)			
	TOTAL This Period (Generic Campaign	Activity)	()
	TOTAL This Period (Total Amount of Tra	nsfers Received)		·()
	:			

PAGE

1403 - 120 - 1159

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 30a OF FORM 3X

Work America Today &	tomorrou	v PAC		
A. Full Name (Last, First, Middle Initial) / Full Organization Name	9	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign		
Mailing Address		Allocated Activity or Event Year-To-Date		
City State Zip Code				
Purpose of Disbursement	Category/ Type	Date		
FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT		
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Mailing Address			
City State Zip Code Purpose of Disbursement	Category/	Date		
FEDERAL SHARE +	Type LEVIN SHARE	= TOTAL AMOUNT		
C. Full Name (Last, First, Middle Initial) / Full Organization Nam	е	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig		
Mailing Address		Allocated Activity or Event Year-To-Date		
City State Zip Code				
Purpose of Disbursement	Category/ Type	Date		
FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT		
SUBTOTAL of Shared Federal and Levin Activity This Page	LEWIN OUT DE			
FEDERAL SHARE + 1 TOTAL This Period (last page for each line only)(Federal share to 3 FEDERAL SHARE	LEVIN SHARE 30(a)(i) and Levin share to	TOTAL AMOUNT o 30(a)(ii)) TOTAL AMOUNT		
TOTAL This Period for the Levin Share	LEVIN SHARE			

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full) (1)ONK AMERICA	Today & tom	ossow PAC
NAMI	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized	\bigcirc	0
	(c) Total		\oslash
2.	OTHER RECEIPTS		\bigcirc
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	O	· •
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	_	,
	(a) Voter Registration		
	(b) Voter ID	\bigcirc	
	(c) GOTV	$\langle \cdot \rangle$	Ø
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS	\mathcal{O}	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	<u> </u>	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
. 8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)	\bigcirc	
10.	DISBURSEMENTS(From Line 6)	\bigcirc	Š
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

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

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

FOR LINE NUMBER: (check only one)

1a		2

OF

TEMPLE HEALT IS OF LEVIN FORDS		regation Page	(check only one) 1a 2
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad	not be sold	d or used by any pers y political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee
	Ay 8	Tomo	rrow PAC
Full Name (Last, First, Middle Initial) / Full Organization Nar A. Mailing Address	ne / [Date of Receipt
<u> </u>	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			33, 23.77
Full Name (Last, First, Middle Initial) / Full Organization Nar B.	ne	<u> </u>	Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	Amount of Each necespt this relica
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization Nat C. Mailing Address	me		Date of Receipt
Mailing Address	Chat-		Amount of Each Receipt this Period
City Name of Employer or Principal Place of Business	State	Zip Code	
Occupation			Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Nat D.	me	<u></u>	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	<u> </u>	,	1
SUBTOTAL of Receipts This Page (optional)		•	0
TOTAL This Period (last page this line number only)		•	0

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
	y information copied from such Reports and Statements may r for commercial purposes, other than using the name and addr		
$\overline{\ }$	NAME OF COMMITTEE (In Full)	1 .	(
\rangle		Ay & tomor	row pac.
A.	Full Name (Last, First, Middle Initial) / Full Organization Name	1	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	,	
В.			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	е	Data of Birth
C.			Date of Disbursement
	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	е	Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
<u>—</u> Е.	Full Name (Last, First, Middle Initial) / Full Organization Name	ė	Date of Disbursement
	Mailing Address	-	
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
s	SUBTOTAL of Disbursements This Page (optional)		\bigcirc
т	OTAL This Period (last page this line number only)		$\overline{\bigcirc}$

JOIK HMERICA 100ARY & 10 MONOUN JAC 1348 LITTLE Rd. Suite \$12 Jew Port Richey, Fl. 34654

Federal Election Comming 9999 E. Street, NW Washington D.C. 20463

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FEC MAIL CENTER

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. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED (8/2013)