

**FEC
FORM 3X**

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

RECEIVED
2011 SEP -7 AM 11:49

FEC Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CITIZENS Protest Non Profit Inc
1360 Regent St Suite 157

ADDRESS (number and street)

Check if different
than previously
reported. (ACG)

MADISON

WI

53715-1255

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00496927

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)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

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

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the
State of

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

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the
State of

5. Covering Period

05/24/2011

through

06/30/2011

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

Siddiq Mumin

Signature of Treasurer

Siddiq Mumin

Date

08/30/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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

CITIZENS Protest

Report Covering the Period:

From:

05 '24 '2011

To:

06 '30 '2011

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (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).....

7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

9. 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 G and/or Schedule D).....

884.83

7087.21

7972.04

7705.00

267.04

00.00

00.00

☐ 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

CITIZENS Protest Non Profit Inc

Report Covering the Period:

From:

05 24 2011

To:

06 30 2011

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).....▶

(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).....▶

5516.21
7511.00
7087.21

0.00
0.00

7087.21

0.00

0.60

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

7087.21

7087.21

7087.21

7087.21

11030661154

Page 4

COLUMN B
Calendar Year-to-Date

- [illegible]

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)	708721	
34. Total Contribution Refunds (from Line 28(d))	000	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	708721	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	717000	
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-8279	

11030661156

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 OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

CITIZENS Protest Non Profit Inc

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

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

000
000

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizens Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison, WI State Zip Code 53715

Purpose of Disbursement

Contribution

Candidate Name

011
Category/
Type

Date of Disbursement

06/24/2011

Amount of Each Disbursement this Period

725.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Rally Buttons

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison, WI State Zip Code 53715

Purpose of Disbursement

Contribution

Candidate Name

011
Category/
Type

Date of Disbursement

06/24/2011

Amount of Each Disbursement this Period

600.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Rally Buttons

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison, WI State Zip Code 53715

Purpose of Disbursement

Contribution

Candidate Name

011
Category/
Type

Date of Disbursement

06/27/2011

Amount of Each Disbursement this Period

760.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Rally Buttons

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

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

2085.00

1103061158

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison WI State Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/27/2011

Amount of Each Disbursement this Period

41.20

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) GAS

State:

District:

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison GA State Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/27/2011

Amount of Each Disbursement this Period

24.43

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) GAS

State:

District:

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison, GA State Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

25.48

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) GAS

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

91.11

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizens Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A.

Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison WI

State

Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/27/2011

Amount of Each Disbursement this Period

11.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

~~Food~~ Dinner

Full Name (Last, First, Middle Initial)

B.

Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison WI

State

Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/27/2011

Amount of Each Disbursement this Period

40.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

GAS

Full Name (Last, First, Middle Initial)

C.

Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison WI

State

Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/27/2011

Amount of Each Disbursement this Period

50.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

GAS

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

101.00

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin
Mailing Address
1360 Regent St 157

Date of Disbursement

06/27/2011

City Madison WI Zip Code 53715

Purpose of Disbursement
Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

325

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

X Copies

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin
Mailing Address
1360 Regent St 157

Date of Disbursement

06/28/2011

City Madison WI Zip Code 53715

Purpose of Disbursement
Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

6 3759

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

X GAS

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin
Mailing Address
1360 Regent St 157

Date of Disbursement

06/29/2011

City Madison WI Zip Code 53715

Purpose of Disbursement
Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

758.34

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

X Rental Car

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

799.18

**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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddic Mumin

Mailing Address

1360 Regent St #157

City

State

Zip Code

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

50

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Copies

Full Name (Last, First, Middle Initial)

B. Siddic Mumin

Mailing Address

1360 Regent St #157

City

State

Zip Code

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

5.92

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Copies

Full Name (Last, First, Middle Initial)

C. Siddic Mumin

Mailing Address

1360 Regent St #157

City

State

Zip Code

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Copies

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1142

**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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

10.31

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)
Dinner

State:

District:

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

11.96

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)
Lunch

State:

District:

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison, WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

153.95

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)
Office Supplies

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

176.22

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St #157

City Madison

State WI

Zip Code 53715

Purpose of Disbursement

Administration

Candidate Name

001
Category/
Type

Date of Disbursement

05/26/2011

Amount of Each Disbursement this Period

9.09

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☒ Other (specify) _____

State:

District:

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St #157

City Madison

State WI

Zip Code 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/26/2011

Amount of Each Disbursement this Period

7.71

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) _____

State:

District:

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St #157 ~~53715~~

City Madison

State WI

Zip Code 53715

Purpose of Disbursement

Administration

Candidate Name

001
Category/
Type

Date of Disbursement

05/26/2011

Amount of Each Disbursement this Period

1.95

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)

18.75

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement

Stationary

Candidate Name

001
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Administrative
Stationary

Date of Disbursement

05/24/2011

Amount of Each Disbursement this Period

226

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement

Stationary

Candidate Name

001
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Admin

Date of Disbursement

05/25/2011

Amount of Each Disbursement this Period

1225

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement

Rent U-Haul

Candidate Name

001
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Administrative

Date of Disbursement

05/26/2011

Amount of Each Disbursement this Period

185.42

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

179.93

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A.

Siddiq Mumin

Mailing Address

1360 Regent St #157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Operating Expense

Candidate Name

004
Category/
Type

Date of Disbursement

06/30/2011

Amount of Each Disbursement this Period

3996

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Purchase Button

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

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).....

3996

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)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

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)

Citizens Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddig Mumin

Mailing Address

1360 Regent St

City

Madison

State

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/10/2011

Amount of Each Disbursement this Period

17800

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Phone Equip

Full Name (Last, First, Middle Initial)

B. Siddig Mumin

Mailing Address

1360 Regent St

City

Madison

State

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/10/2011

Amount of Each Disbursement this Period

26571

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Rental Truck

Full Name (Last, First, Middle Initial)

C. Siddig Mumin

Mailing Address

1360 Regent St

City

Madison

State

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/20/2011

Amount of Each Disbursement this Period

999

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Internet Ser

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

45370

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06 08 2011

Amount of Each Disbursement this Period

1079

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

State:

District:

Supplies

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06 08 2011

Amount of Each Disbursement this Period

2433.48

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

State:

District:

CAR Rental

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06 10 2011

Amount of Each Disbursement this Period

25043

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

State:

District:

Truck Rental

SUBTOTAL of Disbursements This Page (optional)

2694.70

TOTAL This Period (last page this line number only)

11030661168

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison State Zip Code

53715

Purpose of Disbursement

Travel

Candidate Name

001
Category/
Type

Date of Disbursement

06/08/2011

Amount of Each Disbursement this Period

16340

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Travel

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison State Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/08/2011

Amount of Each Disbursement this Period

300.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Phone Equip

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City Madison State Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/08/2011

Amount of Each Disbursement this Period

17395

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Supplies

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

63735

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement

06/06/2011

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Reception

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

1839

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Lunches

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Date of Disbursement

06/06/2011

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

1623

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Supplies

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Date of Disbursement

06/07/2011

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

3099

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Internet ser

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6561

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Reception

Candidate Name

Date of Disbursement

06/06/2011

Amount of Each Disbursement this Period

~~650~~ 1000

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Supplies

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Reception

Candidate Name

Date of Disbursement

06/06/2011

Amount of Each Disbursement this Period

973

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Lunch

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

WI

Zip Code

53715

Purpose of Disbursement

Reception

Candidate Name

Date of Disbursement

06/06/2011

Amount of Each Disbursement this Period

2056

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

CAS

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9979

**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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A.

Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison WI 53715

Purpose of Disbursement

Meeting

Candidate Name

001
Category/
Type

Date of Disbursement

06/03/2011

Amount of Each Disbursement this Period

1595

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Breakfast

Full Name (Last, First, Middle Initial)

B.

Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison WI 53715

Purpose of Disbursement

Meeting

Candidate Name

001
Category/
Type

Date of Disbursement

06/03/2011

Amount of Each Disbursement this Period

969

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Lunch

Full Name (Last, First, Middle Initial)

C.

Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/03/2011

Amount of Each Disbursement this Period

1586

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Supplies

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

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

4150

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Citizen's Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/01/2011

Amount of Each Disbursement this Period

39.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

MAILING

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

06/01/2011

Amount of Each Disbursement this Period

112.5

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

P.O. Box Rental

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement

Travel

Candidate Name

001
Category/
Type

Date of Disbursement

06/02/2011

Amount of Each Disbursement this Period

177.84

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Rental Truck

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

228.09

11030861173

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE _____ OF _____
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

CITIZENS Protest, Non Profit Inc

LOAN SOURCE Full Name (Last, First, Middle Initial)

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:

MM / DD / YY

MM / DD / YY

% (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:

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.

11030661174

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) CITIZENS Protest Non Profit Inc		FEC IDENTIFICATION NUMBER 000496927	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 000	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
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:		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		DATE	
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	
Title			

11030661175

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)

CITIZENS Protest Non Profit Inc.

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) ▶

000
000
000
0.00

11030661176

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>CITIZENS Protest Non Profit Inc</i>	FEC IDENTIFICATION NUMBER <i>000496927</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	MM / DD / YYYY
City State Zip Code	
Amount	

Purpose of Expenditure	Category/Type	Office Sought:	<input type="checkbox"/> House	State: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		<input type="checkbox"/> Senate	District: _____	
		<input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought		Check One:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
		Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	MM / DD / YYYY
City State Zip Code	
Amount	

Purpose of Expenditure	Category/Type	Office Sought:	<input type="checkbox"/> House	State: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		<input type="checkbox"/> Senate	District: _____	
		<input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought		Check One:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
		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.

Siddh Munn

Signature

Date *08/30/2011*

11030661177

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))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)

CITIZENS Protest Now Profit Inc.

Has your committee been designated to make coordinated expenditures by a political party committee?

☐ YES ☐ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

Amount

SUBTOTAL of Expenditures This Page (optional) ▶

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

11030661178

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)

CITIZENS Protest Nonprofit 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..... 100%

This ratio applies to (check all that apply):

Administrative ☒

Generic Voter Drive ☒

Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE **1** OF **1**

NAME OF COMMITTEE (In Full)

Citizen Protest Non Profit Inc.

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

Methods 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 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 EVENT IDENTIFIER

Sale Buttons & Items

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0.000000 %

NONFEDERAL %

100.000000 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0.000000 %

NONFEDERAL %

0.000000 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0.000000 %

NONFEDERAL %

0.000000 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0.000000 %

NONFEDERAL %

0.000000 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0.000000 %

NONFEDERAL %

0.000000 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0.000000 %

NONFEDERAL %

0.000000 %

11030661180

**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)

Citizen Protest Non Profit Inc

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

0.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

ii) Generic Voter Drive

0.00

iii) Exempt Activities

0.00

iv) Direct Fundraising (List Activity or Event Identifier)

a)

0.00

b)

0.00

c) Total Amount Transferred For Direct Fundraising

0.00

v) Direct Candidate Support (List Activity or Event Identifier)

a)

0.00

b)

0.00

c) Total Amount Transferred For Direct Candidate Support

0.00

vi) Public Communications Referring Only to Party (Made by PAC)

0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

0.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

0.00

11030661181

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Citizen Protest Non Profit INC

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

Siddie Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement:

Administrative

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☒ Administrative ☒ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

08/30/2011

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

4500.00

4500.00

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

Siddie Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement:

Fundraising

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☒ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

MM/DD/YYYY

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1115.00

1115.00

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

Siddie Mumin

Mailing Address

1360 Regent St 157

City

Madison

State

Zip Code

WI 53715

Purpose of Disbursement:

Voter Drive

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☒ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1555.00

Date

MM/DD/YYYY

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1555.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

7170.00

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

7170.00

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)

Citizens Protest Non Profit Inc

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

0.00

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

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).....

11030661183

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

NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc.

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

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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

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				

11030661184

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

CITIZEN Protest Non Profit Inc

NAME OF ACCOUNT

**COLUMN A
TOTAL THIS PERIOD**

**COLUMN B
YEAR-TO-DATE**

1. RECEIPTS FROM PERSONS

(a) Itemized
(Use Schedule L-A)

(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

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

(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)

11030661185

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

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

PAGE OF

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)

CITIZENS Protest Non Profit Inc.

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

Date of Receipt

MM / DD / YYYY

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

Date of Receipt

MM / DD / YYYY

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

Date of Receipt

MM / DD / YYYY

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

Date of Receipt

MM / DD / YYYY

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).....▶

000

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

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)

Citizen Protest Non Profit Inc.

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

<p>A.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p>D.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p>E.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>	

11030661187

000

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 8/31/11
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

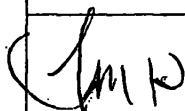
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------



PREPARER
(3/2005)

9/7/11

DATE PREPARED

11030661188