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FEC FORM 3X

# REPORT OF RECEIPTS

For Other Than An Authorized Committee

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i r	than repo	n previously orted. (ACC)	M	ALL	SUN	<u>.i.l.i.l.</u>	<u> </u>	لحنن	WI	537	<u> 15</u> j.	1255
2.	FEC ID	ENTIFICATION N	UMBE	R▼	-	CITY			STATE	<b>\</b>	ZIP CO	DE 🛦
	CO	049692	17	- 2	3	I. IS THIS REPORT	<b>~</b> 28	NEW (N) <b>OR</b>		AMENDED (A)	,	
4.	TYPE (Choose	OF REPORT One)	(b)	Monthly Report	<u> </u>	Feb 20 (M2)		May 20 (M5	)	Aug 20 (M8)	;	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:		Due On		Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	200	Dec 20 (M12) (Non-Election Year Only)
	* :	April 15			<u>[7]</u> .	Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)	) SEAT	Jan 31 (YE)
		Quarterly Report (	21)		Day		Primary (12	<b>-</b> )	Ge	neral (12G)		Runoff (12R)
		July 15 Quarterly Report (0	Q2)		E-Election port for the	) · · · · · · · · · · · · · · · · · · ·	Convention	(12C)	Sp	ecial (12S)		
		October 15 Quarterly Report (0	Q3)				∷ini na nana ini ini ini ini ini ini ini	י מיי מ". / "סיי מ"	YWFÆ	v* ****	in the	
	. :	January 31 Year-End Report (	YE)		El	ection on			1	.1. #1	State o	of s <sub>arra</sub>
		July 31 Mid-Year Report (Non-election Year Only) (MY)	on	PO	-Day ST-Election port for the		General (30	G) :	Ru	noff (30R)		Special (30S)
		Termination Report (TER)	!	110,		ection on	FM FM ( /	Part of A		,	in the State o	,
5.	Covering	Period $D$	5	24	20		through	ÖL		ó2ŏ		
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Sig	nature of	Treasurer	لعا	نطر	$\frac{1}{2}$	Ŋų	mv		Date	Ö.8 3	0.1	Ž 01 )
NO		ssion of false, error	neous, d	or incomp	lete inform	nation may su	bject the per	rson signing	this Repo	rt to the penal	ties of 2	U.S.C. §437g.
I	Įυ	fice se nly								<b>I</b>	C FOR Rev. 12/2	1

Write or Type Committee Name

Report Covering the Period:

From:

05 24 2611

To: 06 30 2011

Calendar Year-to-Date	COLUMN A This Period	,	
participated and approximation of the second and th		(a) Cash on Hand  January 1,	6. (
\$3	, 884.83	(b) Cash on Hand at  Beginning of Reporting Period	(
	70872	c) Total Receipts (from Line 19)	(
	797204	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	(
	770500	Total Disbursements (from Line 31)	7.
	. 26704	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	ı
) <b>©</b>		Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1
7 <b>%</b> ;		Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1
		Debts and Obligations Owed BY the Committee (Itemize all on	10.

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Citizens Protest Thon Profit Inc

Report Covering the Period:

11030561154

From:

05/14/2011

To:

66 30 201

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) F	rom:	
(a) Individuals/Persons Other		
Than Political Committees	2 Aug 21	Parana and the section of the contraction
(i) Itemized (use Schedule A	)	The second section of the second section
(ii) Unitemized(iii) TOTAL (add	, 151100	The state of the s
Lines 11(a)(i) and (ii)		il Same frame di ama Barrelli sende en 1900 et en 1900 et Same frame di ama Barrelli sende en 1900 et
(b) Political Party Committees		
(c) Other Political Committees		The state of the s
(such as PACs)		The Park of the Park of the San
(d) Total Contributions (add Linee	8	
11(a)(iii), (b), and (c)) (Carry	2/221-1	<u>िर्माणका में कार्या मारी मारी अंतर को अंग का का कार्य</u>
Totals to Line 33, page 5)		limitare i malline i med ville clim i vil vi mervi
12. Transfers From Affiliated/Other	Authority and married and married and in the state of	Section of the sectio
Party Committees		The same of the Post Constitution of the same of the s
13. All Loans Received		ing the state of the state of the second of
	man and the state of the state	
14. Loan Repayments Received		
15. Offsets To Operating Expenditures	S Company of the Comp	and the second of the second
(Refunds, Rebates, etc.)	g on the color comparation committee and the color of	pagaran aya <del>aya ayan</del> inga an an kala aya ay
(Carry Totals to Line 37, page 5).		Sander Land Brothack of Prochosing to the
<ol><li>Refunds of Contributions Made</li></ol>		CALLED THE ACCUMULATION COMPANY OF THE CONTROL OF T
to Federal Candidates and Other	Lamina altera minima amerikan miniman in manifani di manifani di manifani di manifani di manifani di manifani	हित्रकारोशका है कारानीय करियातकी एका मिला प्रेटर कर कर राजार का गाँ
Political Committees	······································	
17. Other Federal Receipts	in the office Branches share and Co-Di-Di-	and the following the set of the
(Dividends, Interest, etc.)	The state of the s	les test as Positivell a Desiretta de esta
18. Transfers from Non-Federal and L	Levin Funds	The state of the s
(a) Non-Federal Account	Committee in a designation of the contraction of th	ः । श्रीवार्णप्राप्ते कृष्णारा २००८ तुः अवद्वाराणा १० ५ वृत्ता चन्त्राच्या । १० वश्रा १००० ।
(from Schedule H3)		The restriction and real contraction of
	री एक प्रोप्ता । अस्य कारकोष्ट्रा व <b>प्रतास सम्बद्धा । प्राप्ता सम्बद्धा</b> स्था साम्बद्धा है । प्राप्ता प्राप्ता प्र	American service with early or only to the
(b) Levin Funds (from Schedule F	15)	f The Dec Color form Fig. Class I → Physical Color forms
	ரம்கள் எறும். ஆரையரசு ருக்கு ப <b>ுகள்</b> றையார் <mark>க</mark> இ	्राम्य कृतास्य अस्तरम् स्थाने । स्टब्स् १९४४ वर्षे १९४४ वर्षे
(c) Total Transfers (add 18(a) and	1 18(b))	Samilania m.DS (Tanta on Delikera) - 100 m
19. Total Receipts (add Lines 11(d),	Green State of States States and	The control continue the extension of the control o
12, 13, 14, 15, 16, 17, and 18(c))	1	and and and the Armster than the first terminal to the first terminal termi
20. Total Federal Receipts	y and as the result of the companies of	and the second s
(subtract Line 18(c) from Line 19)	, 708721	Section Complete Section 2015

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disburser	nents	COLUMN A	COLUMN B
21. Operating Expenditures:		Total This Period	Calendar Year-to-Date
(a) Allocated Federal/N	on-Federal		
Activity (from Sched		<ul> <li>A side to a resident and a configuration of the configurati</li></ul>	ः । शतकात्राच्या ५ मः गुणावस्यातसम् १ धारमः १ द्वार ११४० । १४ सः १३ । । ।
(i) Federal Share		reserve the store for the Nanconstant at the store	The Perfect Cold of State of the State of th
(ii) Non-Federal S		7,11000	en egeneration of the second o
(b) Other Federal Oper	-	F77 M2	
Expenditures		535010	Member Call Mr. Class Car Mill salve of This as
(c) Total Operating Exp		THOUGH	Heart of Carlotte Charles To Short of The Assert of The As
(add 21(a)(i), (a)(ii), 22. Transfers to Affiliated/Ot			
Committees	•	ረ <u>ን</u> ለ	The second of th
23. Contributions to Federal Candidates/Con and Other Political Com	nmittees	$\frac{1}{2}$	
24. Independent Expenditure		်လာသည်။ မြန်မာမျိုး ပိန်လော်လိုမှာ ပေါ်လိုည်းမျိုး မြော်ကို ကြောင်းမေတာ့ကို အရှိနဲ့ တစ်အကြောက်ပြုများမျှင် မြောက်	The state of the s
(use Schedule E)		$\Delta \Delta $	lý
25. Coordinated Party Experts (2 U.S.C. §441a(d)) (use Schedule F)	nditures	() O O	Service Central and the Court of the Court o
(add daniedale i )	••••••		The first of all the classifications and the fit is an expension of the control o
26. Loan Repayments Made	)	നവ വ	<u>!</u> :
			The state of the s
27. Loans Made		, O.O O	The same of the Property of the Paul Control of the
28. Refunds of Contributions (a) Individuals/Persons	Other		
Than Political Com	mittees	$\mathcal{Q}\mathcal{O}_{\mathcal{O}}$	The Control of the Co
dia Baltita I Bara Gara		Autorité de la	The Company of the Co
(b) Political Party Come (c) Other Political Com		OOO	Confident of the Confid
(c) Other Political Com (such as PACs)		PAC	I have been been a second of the control of the con
(Such as TAOS)			Lander of the St.
(d) Total Contribution F	Refunds	ana an agasa bagsa galagasa sa gasagasa gasag	
(add Lines 28(a), (t	o), and (c))	$O_{0}$	!
			<ul> <li>Employee the character of the contract of the con</li></ul>
29. Other Disbursements		the state of the s	en la Santo Carlo Marko Marko Marko Carlo Marko
			Carry Create Carry Control Carry Carry Carry Control Carry C
30. Federal Election Activity		))	
(a) Allocated Federal E	•		
(from Schedule H6) (i) Federal Share		DO A	
(i) i ederal Share			
(ii) "Levin" Share			į.
(b) Federal Election Ac			
	unds	$\sim$ $\sim$ $\sim$ $\sim$	
(c) Total Federal Election	on Activity (add		Samultan Carlina (n. 1865). Albert (n. 1865). Parkina (n. 1867), in agranda argin (n. 1867).
Lines 30(a)(i), 30(a	a)(ii) and 30(b)) 🕨	· · · · · · · · · · · · · · · · · · ·	The state of the s
A4 T . I B1 .			
31. Total Disbursements (ad	• • •	プーへ所へる	grading the engine participation of the
23, 24, 25, 26, 27, 28(d	), ≥9 and 30(c))	7,70500	ි. දැන්න ක්රීත්ත විය අති අති සෞඛ්ය ක්රීත්තම් කුණු අතිය සංකර
32. Total Federal Disbursem	ents	, , , , , , , , , , , , , , , , , , ,	and the second s
(subtract Line 21(a)(ii) a		the state of the same of the s	
from Line 31)		000	Beautim Gamilland's retire strongs in January in
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## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Contributions/Operating Ex-

Page 5

III. Net Contributions/Operating Expenditures			
33. Total Contributions (other than loans)	1部グラット	the state of the s	
(from Line 11(d), page 3)	19872)	responsible to the second of t	
(from Line 28(d))	0.00	:	
35. Net Contributions (other than loans)	18077		
(subtract Line 34 from Line 33)	14814	Section 1 to 1	
36. Total Federal Operating Expenditures	-11 -1 DOM	and the second of the second o	
(add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures	, 7,7 000	i demokrati in Portus and affair Totalis in	
(from Line 15, page 3)		7	
38. Net Operating Expenditures		Section of the Association of the control of the co	
(subtract Line 37 from Line 36)	-8279		

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)  11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full	ENS PA	stest Non	Profit INC 1
A. Mailing Address	itial)		Date of Receipt
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Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
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FEC ID number of contributing federal political committee.	C was a second and	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
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Occupation

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

Name of Employer

# SCHEDULE B (FEC Form 3X)

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:			PAGE	C	)F	
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NAME OF COMMITTEE (In Full)  Pot	est Nont	rotit	·In	<u>)C</u>	•				
A. C.	ر م د )		Date of E				and the Control of the Control		
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Senate President	Primary General  Other (specify) ▼								
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SUBTOTAL of Disbursements This Page (optional).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE OF
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City Madran In	State Zip Code 7 1	3		
Purpose of Disbursement  A M N S  Candidate Name	(	O6.\\Category/ Type	Amount of Each Di	1100
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or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from s	such committee.
NAME OF COMMITTEE (In Full)	1 10	-11		
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President	Other (specify)		
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Or for commercial purposes, other than using the name  NAME QF COMMITTEE (In Full)	e and audress of any political committee	The solicit continuations from such committee.
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DANS	Use separate schedule(s) PAGE OF for each category of the
	Detailed Summary Page FOR LINE 13 OF FORM 3
CITIZENS Protes	t, Non Profit Inc
LOAN SOURCE Full Name (Last, First, Middle Initial)	Primary General
Mailing Address	Other (specify) ▼
City State	ZIP Code
The street consistency of the constant of the	Ament To Date  Balance Outstanding at Close of This F  Control of the Control of
TERMS  Date Incurred  M M / D D / Y Y Y Y M M / D D	
List All Endorsers or Guarantors (if anx) to Loan Source	The second secon
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
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2. Full Name (Last, First, Middle Initial)	
Full Name (Last, First, Middle Initial)  Mailing Address	Outstanding: 1 cm in milmotion for success seed and enterior Name of Employer  Occupation
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Mailing Address  City State ZIP Code  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code	Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

Supplementary for Information found on Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBI
CitiZENS Protest.	Non Profit INC CO0496927
LENDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)
Full Name	THE REPORT OF THE PERSON WINDS THE PERSON OF
	%
Mailing Address	[M/M]/ (0.10) / (1.4.4.A. A. A.
	Date Incurred or Established
City State Zip Code	Date Due
A. Has loan been restructured? No Yes	If yes, date originally injurred
B. If line of credit,	Total / Outstanding
Amount of this Draw:	Bajance:
C. Are other parties secondarily liable for the debt incurre	
	ust be reported on Schedule C.)
D. Are any of the following pledged as collateral for the I	
property, goods, negotiable instruments, certificates of	f deposit, chattel papers,
stocks, accounts receivable, cash on deposit, or other	r similar traditional conlaterary
No Yes If yes, specify:	Does the lender have a perfected secu
	interest in it? No Yes
E. Are any future contributions or future receipts of interest	est income, pledged as   What is the estimated value?
collectoral for the least [""] No. [""] V "	αλασία
collateral for the loan? No Yes If yes, s	spequity:   वृत्ताव्यक्तम्यः वय्यक्रम्यः वयः वयः वयः वयः वयः वयः वयः वयः वयः व
collateral for the loan?   Ne   Yee If yes, s	Specify
A depository account must be established pursuant	X
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	
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:
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	Lecation of account:
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. C. C. C. C. Y.	Lecation of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. C. C. C. C. Y.	Lecation of account:  Address:  City, State, Zip:
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. C. C. C. C. Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. O. O. O. Y. Y. Y. Y.  F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / O O O / Y Y Y Y  F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan  G. COMMITTEE TREASURER	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / D. D. / Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. M. C. D. D. / Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / M. Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. M. C. D. D. / Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / D. D. / Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. J. D. D. / Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. O O O Y Y Y Y Y  F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan  G. COMMITTEE TREASURER  Typed Name  Signature  H. Attach a signed copy of the loan agreement.  I. TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the teare accurate as stated above.  II. The loan was made on ferms and conditions (insimilar extensions of credit to other borrowers of	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed the was made and the basis on which it assures repayment.  DATE  M. M. J. D. D. J. Y. V. Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / D. D. / Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. M. J. D. D. Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. O O O Y Y Y Y Y  F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan  G. COMMITTEE TREASURER  Typed Name  Signature  H. Attach a signed copy of the loan agreement.  I. TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the teare accurate as stated above.  II. The loan was made on ferms and conditions (insimilar extensions of credit to other borrowers of	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. A. C. D. D. Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / D. D. / Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. J. D. B. J. Y.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  M. M. / D. D. / Y.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.  DATE  M. M. A. C. D. D. Y.

# 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)

AME OF COMMITTEE (In Full)	
CITIZENIC POSTOST AL	Post-1 Tuc
A. Full Name (Last, Pixst. Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
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Amount Incurred This Period Payment This Period Amount Incurred This Period Amount Incurred This Period	Outstanding Balance at Close of This Period
The state of the s	terior fronte de la companie de la c
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
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C. Full Name (Last, First, Middle Initial) of Debtor or greditor	Nature of Debt (Purpose):
	,
Mailing Address	
Mailing Address  City State Zip Code	
City State Zip Code	
City State Zip Code  Outstanding Balance Beginning This Period	Outstanding Balance at Class of This Period
City State Zip Code  Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period
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City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period  SUBTOTALS This Period This Page (optional)	
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City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period	

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME QE COMMITTEE (In Full)  Protest Non Protit	TNC FEC IDENTIFICATION NUMBER V
Check II 24-1001 Hotice 48-1001 Hotice	
Full Name (Last, First, Middle Initial) of Payee	Date V V V V
Mailing Address	M M / D D Y Y Y Y
Mailing Address	Amount
City State Zip Code	The figure of the first of the
	Security on the design of the second
Purpose of Expenditure  Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
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	Amount
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Purpose of Expenditure	Office Sought: House State:
Category Type	Senate District:
Name of Federal Candidate Supported of Opposed by Expenditure:	President
	Check One: Support Dppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
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(b) SUBTOTAL of Unitemized Independent Expenditures	Treate of advantantian hardways on the first and a second of the contract of t
(a, cos constitues interpretation Experimental interpretation Experimental interpretation in the constituent	and the Poster Varieties of Ame
(c) TOTAL Independent Expenditures	
	the second section of the sect
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Signature Date	· 02 (33 (231)

SCHEDULE F (FEC Form 3)	•		
ITEMIZED COORDINATED PART POLITICAL PARTY COMMITTEE			
ON BEHALF OF CANDIDATES		PAGE	OF
(2 U.S.C. §441a(d))	pe used only by Political Committees in the Ge	eneral Election) FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)	Protest Now P.	robit Inc	. /
Has your committee been designated to make coordinated expenditures by a political party  YES NO		je	
If YES, name the designating committee:	Mailing Address		
	City	State ZIP	<del>Go</del> de
Full Name (Last, First, Middle Initial) of t	Each Payee	Purpose of Expenditure	Category/
Mailing Address		Date	Туре
City	State Zip Code	M N N O O O	
Name of Federal Candidate Supported	Office Sought: House State:	Amount	
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Aggregate deteral Election	a de la composition br>La composition de la	1	
Full Name (Last, First Middle Initial) of	Each Payee	Purpose of Expenditure	
Mailing Address		_	Category/ Type
0.1.	State Zip Code	Date	tarak alim da .
City	State Zip Code	man Down to a start of the	
Name of Federal Candidate Supported	Office Sought: House State:	Amount	
	Presidential District:	- Emmi reference to a function of a description of the second of the sec	
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Mailing Address		Date	Category/ Type
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Name of Federal Candidate Supported	Office Sought: House State:	- Amount	<u>- ^</u>
Aggregate General Election	n ente di un companyone de la companyone	Laster of Press of the	·• ·
SUBTOTAL of Expenditures This Page (op	tional)	Service of the Control of the Contro	
TOTAL This Period (last page this line num	nber only)	The second of th	000

### 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)

CITIZENS Protest Nontroff 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
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage
Flat Minimum Federal Percentage
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
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or
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
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

## SCHEDULE H2 (FEC Form 3X) **ALLOCATION RATIOS**

PAGE OF
---------

NAME OF COMMITTEE (In Full) Protost Non Profit INC.			
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 met expenses must equal the federal proportion of monies raised.	hod" where the federal pro	oportion of	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commiscederal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	fit derived by federal cand nunications or voter drives	idates from the ac-	
ACTIVITY OR EVENT IDENTIFIER SALE BUTTONS & FRMS	FEDERAL %	NONFEDERAL %	
ACTIVITY IS:  Fundraising  Direct Candidate Support  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	e Seet e-Michigal	/ O D%	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %	
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	% <u></u>	
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	NONFEDERAL %	
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	**************************************		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %	
ACTIVITY IS:  Fundraising  Direct Candidate Support  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	gengeryeep, word	## 1.5	
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %	
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	**************************************		

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

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PAGE	OF		

NAME OF COMMITTEE (In Full)	上个
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iv) Direct Fundraising (List Activity or Event Identifier)	0.00 o
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v) Direct Candidate Support (List Activity or Event Identifier)	
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a)	·
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c) Total Amount Transferred For Direct Candidate Support	000
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vi) Public Communications Referring Only to Party (Made by PAC)	
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TOTAL This Period (Direct Candidate Support)	
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TOTAL This Period (Total Amount Transferred)	

SCHEDULE H4 (FEC Form 3X)	F
DISBURSEMENTS FOR ALLOCATED	PAGE OF
FEDERAL/NONFEDERAL ACTIVITY	FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)	+ Tuc
(itizErr TroTer NON Prot	II The
A. Full Name (Last, First. Middle Initial)	Allocated Activity or Event:
Mailing Address	Administrative Fundraising Exempt
1360 Kecen131 15/	Voter Drive Direct Candidate Support
City State Zip Code	Public Comm (ref to party only) by PAC
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Admisistrative	
Activity or Event Identifier:	Hardina to David Carl Strong Carl Carl
Category/ Type	Date 01 33 231
FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
, , 450100	4500.00
B. Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
Siddic MUMIN	Administrative Fundraising Exempt
Mailing Address Pacantst 157	Voter Drive Direct Candidate Support
City State Zip Code	Public Comm (ref to party only) by PAC
MAG1300 (A) 53715	Allocated Activity or Event Year-To-Date
Purpose of Disburstment:	
Activity or Event Identifier:	
Category/ Type	Date
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C. Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
Siddig MUMIN	Administrative Fundraising Exempt
Mailing Address Phone 157	Voter Drive Direct Candidate Support
City State Zip Code	Public Comm (ref to party only) by PAC
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FEDERAL SHARE + NONFEDERAL SHARE  SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE	TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT

### SCHEDULE H5 (FEC Form 3X)

BREAKDOWN OF THIS TRANSFER

BREAKDOWN OF THIS TRANSFER

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

NAME OF ACCOUNT

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

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

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

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ITIZENS PO	test Non Pri	fit Inc
E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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ii) Voter ID  Total Amount Transferred for Vote	ù	
iii) GOTV Total Amount transferred for GOT	V	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Gene	eric Campaign Activity	GENERIC/CAMPAIGN ACTIVITY
E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
AKDOWN OF THIS TRANSFER		
<ul> <li>i) Voter Registration</li> <li>Total Amount Transferred for Vote</li> </ul>	r Registration	RATION  TO THE PROPERTY OF T
ii) Voter ID  Total Amount Transferred for Vote	r ID	COTER ID
iii) GOTV Total Amount Transferred for GOT	V	GOTV
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TOTAL This Period (GOTV)	Prince Market in British of the Company of the Comp	

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# 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)

PAGI	E		OF		
FOR	LINE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)			
CITIZENS Protest	NON	trofit Inc.	
A. Full Name (Last, First, Middle Initial) / Full Organization Name		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	1	1	
State 24 Sout			
Purpose of Disbursement	Category/ Type	Date	
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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		Allocated Activity or Event Year-To-Date	
City State Zip Code	r and the mile	for the second section of the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the section in the section in the section in the section is the section in the section is the section in the section in the section is the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the section in the section in the section in the section is the section in the se	
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C. Full Name (Last, First, Middle Initial) / Full Organization Name		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			
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Purpose of Disbursement	Category/ Type	Date	
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SUBTOTAL of Shared Federal and Levin Activity This Page			
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TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) an		30(a)(n)	
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TOTAL This Period for the Levin Share			
ECANIO2R		FEC Schedule H6 (Form 3X) Rev. 02/2003	

## SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

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	(Use Schedule L-A)		
	(b) Unitemized		
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	TOTAL RECEIPTS		
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	(b) Voter ID		-
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	(c) GOTV		
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	(d) Generic Campaign		•
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# SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

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OR LINE NUMBER: heck only one)	1a	2

ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not lor for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full)  It 12 FUS Protest	Non Prof	it Inc.
Full Name (Last, First, Middle Initial) / Full Organization Name  A.  Mailing Address		Date of Receipt
City	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name  B.		Date of Receipt
Mailing Address	7'a Cada	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Zip Code	Aggregate Vegrate-Date
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
D. Mailing Address		M
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	<b>&gt;</b>	, , , , , , , , , , , , , , , , , , , ,

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# SCHEDULE L-B (FEC Form 3X)

FOR LINE NUMBER: PAGE (check only one) OF Use separate schedule(s)

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Fall)  CITIZEN Potest  Full Name (Last, First, Middle Initial) / Full Organization Name	JON Profit	Inc.
A.		Date of Disbursement
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State	Zip Code	Amount of Each Disbursement this Period
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TOTAL This Period (last page this line number only)		, , , , , , , , , , , , , , , , , , , ,

(3/2005)

## **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** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** 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):