

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 OCT 24 AM 11:08
Office Use Only

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

Will of the People PAC

ADDRESS (number and street) 7209 E. W.T. Harris Blvd, Suite 3222

Check if different than previously reported. (ACC)

Charlotte NC 28227

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00619130

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 M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y in the State of

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

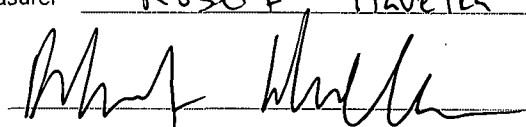
General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2016 through 09 / 30 / 2016

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

Type or Print Name of Treasurer Robert Havelka

Signature of Treasurer  Date 10 / 15 / 2016

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

2016-10-24 10:00:17 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Will of the People PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2016

To:

MM / DD / YYYY
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		200.00
(b) Cash on Hand at Beginning of Reporting Period.....	20451	
(c) Total Receipts (from Line 19)	000	5.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20451	205.00
7. Total Disbursements (from Line 31).....	17788	17837
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2663	2663
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

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

20161024NOV0112174

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: M M W / D D D / V V V V V V V V To: M M W / D D D / V V V V V V V V

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

<p>11. Contributions (other than loans) From:</p> <p>(a) Individuals/Persons Other Than Political Committees</p> <p>(i) Itemized (use Schedule A).....</p> <p>(ii) Unitemized.....</p> <p>(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶</p> <p>(b) Political Party Committees.....</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶</p> <p>12. Transfers From Affiliated/Other Party Committees.....</p> <p>13. All Loans Received.....</p> <p>14. Loan Repayments Received.....</p> <p>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</p> <p>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</p> <p>17. Other Federal Receipts (Dividends, Interest, etc.).....</p> <p>18. Transfers from Non-Federal and Levin Funds</p> <p>(a) Non-Federal Account (from Schedule H3).....</p> <p>(b) Levin Funds (from Schedule H5).....</p> <p>(c) Total Transfers (add 18(a) and 18(b))..</p> <p>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</p> <p>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0.00</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.00</div>
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2016102405001175

DETAILED SUMMARY PAGE of Disbursements

II. Disbursements

**COLUMN A
Total This Period**

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	177,888	178,373
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	177,888	178,373
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	177,888	178,373
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	177,888	178,373

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	5.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	5.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,778.88	1,783.7
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,778.88	1,783.7

2016101010242400111177

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	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

201610240300112178

**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 1 OF 2		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
Will of the People PAC

A.

Full Name (Last, First, Middle Initial) *Google*

Mailing Address *1600 Amphitheatre Parkway*

City *Mountain View* State *CA* Zip Code *94043*

Purpose of Disbursement *Admin Costs - Run emails*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *08 / 31 / 2016*

FEC Identification Number *C*

Amount of Each Disbursement this Period *1000*

Memo Item

B.

Full Name (Last, First, Middle Initial) *Google*

Mailing Address *1600 Amphitheatre Parkway*

City *Mountain View* State *CA* Zip Code *94043*

Purpose of Disbursement *Admin - run emails*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *09 / 06 / 2016*

FEC Identification Number *C*

Amount of Each Disbursement this Period *1000*

Memo Item

C.

Full Name (Last, First, Middle Initial) *Hoot suite Medis*

Mailing Address *S E 8th Ave*

City *Vancouver* State *BC* Zip Code *V5T 1R6*

Purpose of Disbursement *Admin - Social media interface management*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *09 / 12 / 2016*

FEC Identification Number *C*

Amount of Each Disbursement this Period *11988*

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *13988*

TOTAL This Period (last page this line number only).....▶ *17788*

201610240012179

**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)

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

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

NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial) Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Admin Emails

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 05 / 30 / 2014

FEC Identification Number C

Amount of Each Disbursement this Period 10.00

Memo Item

B.

Full Name (Last, First, Middle Initial) Wells Fargo

Mailing Address 420 Montgomery St

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Account Service Fee

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number C

Amount of Each Disbursement this Period 14.00

Memo Item

C.

Full Name (Last, First, Middle Initial) Wells Fargo

Mailing Address 420 Montgomery St

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Account Service Fee

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number C

Amount of Each Disbursement this Period 14.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) 38.00

TOTAL This Period (last page this line number only) 177.88

20140530 10:00:00

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)
Will of the People PAC

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

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred Date Due Interest Rate Secured:
 / / / / % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) *0.00*

TOTALS This Period (last page in this line only) *0.00*

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

20161024 00112181

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)

Win of the People PAC

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).....▶	0.00
2) TOTALS This Period (last page this line number only).....▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0.00

2016 RELEASE UNDER E.O. 13526

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

NAME OF COMMITTEE (In Full) *Will of the People PAC* FEC IDENTIFICATION NUMBER **C**

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

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination		
Mailing Address				Amount		
City	State	Zip Code		Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type			

Name of Federal Candidate: Support Oppose
Office Sought: House President Senate
District: _____ State: _____

Calendar Year-To-Date Per Election for Office Sought _____ Disbursement For: Primary General Other (specify) _____

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination		
Mailing Address				Amount		
City	State	Zip Code		Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type			

Name of Federal Candidate: Support Oppose
Office Sought: House President Senate
District: _____ State: _____

Calendar Year-To-Date Per Election for Office Sought _____ Disbursement For: Primary General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	0.00
(a) TOTAL Independent Expenditures	0.00

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.

Signature *[Handwritten Signature]* Date **6 0 1 5 2 0 1 6**

20160610 10:24:03 AM

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

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

NAME OF COMMITTEE (In Full) <i>Will of the People PAC</i>			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

2016 RELEASE UNDER E.O. 13526

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure		<input type="text"/>
Mailing Address							
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount	
				Senate	District:		
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				<input type="text"/>			

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure		<input type="text"/>
Mailing Address							
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount	
				Senate	District:		
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				<input type="text"/>			

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure		<input type="text"/>
Mailing Address							
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount	
				Senate	District:		
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				<input type="text"/>			

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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)

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

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

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

201610240300112185

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Will of the People PAC

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	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

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

NAME OF COMMITTEE (In Full) *Will of the People PAC*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

2016 RELEASE UNDER E.O. 13526

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

NAME OF COMMITTEE (In Full)

Will of the People PAC

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
Google Administrative Fundraising Exempt
Mailing Address *1600 Amphitheatre Parkway*
 Voter Drive Direct Candidate Support
City *Mountain View* **State** *CA* **Zip Code** *94043*
 Public Comm (ref to party only) by PAC
Purpose of Disbursement: Allocated Activity or Event Year-To-Date
Activity or Event Identifier: *30.00*
Date *08 / 30 / 2014*
Category/Type
FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
30.00 + *0.00* = *30.00*

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
Hootsuite Administrative Fundraising Exempt
Mailing Address *5 E 8th Ave*
 Voter Drive Direct Candidate Support
City *Vancouver* **State** *BC* **Zip Code** *V5T 1R6*
 Public Comm (ref to party only) by PAC
Purpose of Disbursement: Allocated Activity or Event Year-To-Date
Activity or Event Identifier: *119.88*
Date *09 / 30 / 2016*
Category/Type
FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
119.88 + *0.00* = *119.88*

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
Wells Fargo Administrative Fundraising Exempt
Mailing Address *420 Montgomery Ave*
 Voter Drive Direct Candidate Support
City *San Francisco* **State** *CA* **Zip Code** *94104*
 Public Comm (ref to party only) by PAC
Purpose of Disbursement: Allocated Activity or Event Year-To-Date
Activity or Event Identifier: *28.00*
Date *09 / 30 / 2016*
Category/Type
FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
28.00 + *0.00* = *28.00*

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<i>177.68</i>				<i>177.88</i>

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
<i>177.88</i>		<i>177.88</i>

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)

NAME OF COMMITTEE (In Full)

Will of the People PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

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	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

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).....

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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)

NAME OF COMMITTEE (In Full)
Will of the People PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	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		
			Category/Type	MM	DD	YYYY
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	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		
			Category/Type	MM	DD	YYYY
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	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		
			Category/Type	MM	DD	YYYY
Purpose of Disbursement						
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						
					=	

201610240800112190

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

NAME OF COMMITTEE (In Full)	<i>Will of the People PAC</i>
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)		

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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

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NAME OF COMMITTEE (In Full)

Win of the People PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

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

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

20161024 09:00:00

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

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NAME OF COMMITTEE (In Full)
Will of the People PAC

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

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

NOTIFICATION

Haveler
Moose Rd
NC 28212

20161024300012194



Federal Election Commission
999 E. Street, NW
Washington, D.C. 20463

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2016 OCT 24 AM 11:08

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.

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NONE *10/24/16*

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

PREPARER *[Signature]* *10/24/16*
 (3/2015) DATE PREPARED

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