

Federal Election Commission  
Washington, D.C.

Apr 14, 2015

re: C00534016 Q1 report, 2015

RECEIVED  
FEC MAIL CENTER  
2015 APR 27 PM 12:45

Sir or Madam,

Our committee still has not received or disbursed any funds. As in past reports, I have entered "Zeroes" in the appropriate boxes.

Also as in past reports, I have left schedules "H" through "L" blank, as they appear to be forms that are not necessary for our group to fill out.

Our committee will probably close down soon. I will review the procedures on your website, and take the appropriate actions.

Yours very truly, John P. Hilt, Treasurer.

John P. Hilt

312-671-0909

jhilt95@yahoo.com

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2015 APR 27 PM 12:45

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Exposing Marxists PAC

ADDRESS (number and street)

1503 W. Happfield Drive



Check if different  
than previously  
reported. (ACC)

Apt. 203

Arlington Heights

IL

60004-7119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00534016

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

John R. Hilt

Signature of Treasurer

*John R. Hilt*

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Exposing Marxists PAC

Report Covering the Period:

From:

01 01 2015

To:

03 31 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2015	0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19) .....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	0000	0000
7. Total Disbursements (from Line 31) .....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0000	



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

*Exposing Marxists PAC*

Report Covering the Period:

From:

01 01 2015

To:

03 31 2015

## **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).....▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:  
(a) Allocated Federal/Non-Federal  
Activity (from Schedule H4)

(i) Federal Share .....

(ii) Non-Federal Share.....

(b) Other Federal Operating  
Expenditures .....

(c) Total Operating Expenditures  
(add 21(a)(i), (a)(ii), and (b)) .....

22. Transfers to Affiliated/Other Party  
Committees.....

23. Contributions to  
Federal Candidates/Committees  
and Other Political Committees.....

24. Independent Expenditures  
(use Schedule E) .....

25. Coordinated Party Expenditures  
(2 U.S.C. §441a(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 .....

30. Federal Election Activity (2 U.S.C. §431(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)) ..

32. Total Federal Disbursements  
(subtract Line 21(a)(ii) and Line 30(a)(ii)  
from Line 31).....

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DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000

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

*Exposing Marxists PAC*

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

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

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

00.00  
00.00

**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)

*Exposing Marxists PAC*

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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)

B.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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).....▶

0000  
 0000

15004-142-22004



# 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)

*Exposing Marxists PAC*

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:








% (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.

**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) <div style="font-size: 1.2em; font-family: cursive;">Exposing Marxists PAC</div>		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.1em;">C 0 0 5 3 4 0 1 6</div>	
<b>LENDING INSTITUTION (LENDER)</b> Full Name		Amount of Loan <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>	
City	State    Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
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? <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> 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? <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>		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 <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>	
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 <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>	
Title			

**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)

*Exposing Marxists 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)..... ►

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) ►

11-14-2007

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

PAGE      OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

FEC IDENTIFICATION NUMBER ▼

*C00534016*

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

MM / DD / YYYY

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

Date

MM / DD / YYYY

Mailing Address

Amount

MM / DD / YYYY

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

MM / DD / YYYY

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought

MM / DD / YYYY

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

Date

MM / DD / YYYY

Mailing Address

Amount

MM / DD / YYYY

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

MM / DD / YYYY

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought

MM / DD / YYYY

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

MM / DD / YYYY

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

MM / DD / YYYY

(c) TOTAL Independent Expenditures.....▶

MM / DD / YYYY

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

*John Hilt*

Date

MM / DD / YYYY

**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) <i>Exposing Marxists PAC</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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				Purpose of Expenditure		<div>Category/Type</div>
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<div>Category/Type</div>
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<div>Category/Type</div>
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						

SUBTOTAL of Expenditures This Page (optional).....▶	<div>00.00</div>
TOTAL This Period (last page this line number only).....▶	<div>00.00</div>

**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)

*Exposing Marxists PAC*

**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.....  %

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 OF

NAME OF COMMITTEE (In Full)

Exposing Marxists 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.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (in full)  
Exposing Marxists PAC

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

**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) \_\_\_\_\_


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c) Total Amount Transferred For Direct Candidate Support.....

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

\_\_\_\_\_

**TOTAL This Period (Administrative)** .....

**TOTAL This Period (Generic Voter Drive) .....**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

**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).....**







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

PAGE	OF
FOR LINE 18b OF FORM 3X	

# Exposing Marxists PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div data-bbox="669 443 738 445">M M M</div> <div data-bbox="751 443 821 445">/ D D</div> <div data-bbox="834 443 868 445">/ Y Y Y Y Y</div>	

**Total Amount Transferred for Voter Registration.....**

**Total Amount Transferred for Voter ID .....**


**Total Amount Transferred for GOTV .....**

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


NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div>	

**Total Amount Transferred for Voter Registration.....**

**Total Amount Transferred for Voter ID .....**



Total Amount Transferred for GOTV .....



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

**TOTAL This Period (Voter Registration).....**

**TOTAL This Period (Voter ID) .....**

**TOTAL This Period (GOTV).....**

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

100

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

PAGE	OF
FOR LINE 30a OF FORM 3X	

# Exposing Marxists PAC

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	<input type="checkbox"/> Category/ Type	Date	
Purpose of Disbursement				<input type="checkbox"/>	<input type="checkbox"/>
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>
TOTAL AMOUNT					
<input type="text"/>					

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			<input type="text"/>												
Purpose of Disbursement						Category/ Type		<input type="text"/>		Date											
								<input type="text"/>		<input type="text"/>		<input type="text"/>									
FEDERAL SHARE						+		LEVIN SHARE						=		TOTAL AMOUNT					
<input type="text"/>								<input type="text"/>								<input type="text"/>					

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 <input type="text"/>		
City	State	Zip Code			
Purpose of Disbursement		<input type="text"/> Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>
TOTAL AMOUNT					

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

FEDERAL SHARE                      LEVIN SHARE                      TOTAL AMOUNT

\_\_\_\_\_

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

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

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-8)		
(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)		

**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)

*Exposing Marxists PA*

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

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

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

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

Subtotal
Total

**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)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

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

A.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

B.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

C.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

D.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

E.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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**20483**

**1000**

# Federal Election Commission

999 E Street, NW

Washington, DC

20463



United States Postal Service  
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July 1999 (102595) 99-M-1904

1503-142220

(3/2015)