



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Communities Applied Policy Strategies**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
**Communities Applied Policy Strategies**

Report Covering the Period: From: **01** / **01** / **2015** To: **04** / **15** / **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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**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 .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

CHINA HOUSE





**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies**

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
0.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 0.00
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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.

11-11-11 11:11:11





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

NAME OF COMMITTEE (In Full) <b>Communities Applied Policy Strategies</b>	FEC IDENTIFICATION NUMBER <b>C 00570531</b>
---	--

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

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount <b>0.00</b>
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount <b>0.00</b>
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures.....	<b>0.00</b>

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 \_\_\_\_\_ Date **04 / 01 / 2015**

2011-11-11 11:11:11

**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)

NAME OF COMMITTEE (In Full)		Communities Applied Policy Strategies	
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
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure		<input type="text"/> Category/Type
Mailing Address	Date		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>		Amount <input type="text"/> 0.00
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure		<input type="text"/> Category/Type
Mailing Address	Date		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>		Amount <input type="text"/> 0.00
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure		<input type="text"/> Category/Type
Mailing Address	Date		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>		Amount <input type="text"/>
SUBTOTAL of Expenditures This Page (optional).....▶		<input type="text"/> 0.00	
TOTAL This Period (last page this line number only).....▶		<input type="text"/> 0.00	

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**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)

Communities Applied Policy Strategies

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

NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	0.00

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....	0.00
II) Generic Voter Drive .....	0.00
III) Exempt Activities .....	0.00
IV) Direct Fundraising (List Activity or Event Identifier)	
a) _____	0.00
b) _____	0.00
c) Total Amount Transferred For Direct Fundraising .....	0.00
V) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	0.00
b) _____	0.00
c) Total Amount Transferred For Direct Candidate Support .....	0.00
VI) Public Communications Referring Only to Party (Made by PAC) .....	0.00

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	0.00
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	0.00

COMMUNITIES APPLIED POLICY STRATEGIES

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

NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies**

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

**B. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier:  
 Category/Type  
 Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
 Allocated Activity or Event Year-To-Date:  
 Date: / /  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
**0.00 + 0.00 = 0.00**

**C. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier:  
 Category/Type  
 Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
 Allocated Activity or Event Year-To-Date:  
 Date: / /  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
**0.00 + 0.00 = 0.00**

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
**0.00 + 0.00 = 0.00**

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
**0.00 + 0.00 = 0.00**

11-11-11





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

NAME OF COMMITTEE (In Full)	Communities Applied Policy Strategies
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0.00	0.00
(b) Unitemized .....		
(c) Total .....	0.00	0.00
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS .....	0.00	0.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	0.00	0.00
(e) Total .....	0.00	0.00
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS .....	0.00	0.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	0.00	0.00
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0.00	0.00
(from Line 3)		
9. SUBTOTAL .....	0.00	0.00
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	0.00	0.00
(From Line 6)		
11. ENDING CASH ON HAND .....	0.00	0.00
(Subtract Line 10 From Line 9)		





765

LAS Vegas, NV

89147



Federal Election Commission  
999 E Street NW  
Washington, DC 20463

RECEIVED  
FEC MAIL CENTER  
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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 4/3/15	4/9/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	4/9/15 DATE PREPARED

CONFIDENTIAL