

Clifton Metcalf <ct70clifton@gmail.com> 08/09/2016 11:19 AM

To "pubrec@fec.gov" <pubrec@fec.gov>,

CC

bcc

Subject Termination

1 attachment



Clifton Metcalf

20-6 · 08 · 09 · 0M · 00094216

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An Aut		mittee			
1. NAME OF COMMITTEE (in fu	TYPE OR	PRINT ▼	Example: If over the lin	typing, type es.	12FE4M	Office Use Only	,
Students Coa	alition for C	Pemocracy	y,	1 1 1 1 1 1 1 1	1 1 1 1 1		
	<u> </u>						
ADDRESS (number and s	street) [913	West Cer	nter Stree	t	1 1 1 1		
Check if differe than previously reported. (ACC	Alma	3			MI	48801	_2141
2. FEC IDENTIFICAT	TION NUMBER	CI	TY 🛦		STATE A	ZIP CO	DDE 🛦
C 0061	4206		S THIS REPORT	NEW (N) OR	AN (A)	MENDED)	
July 15 Quarterly F October 15 Quarterly F January 31	Report (Q1) GReport (Q2) GReport (Q3) GReport (YE) d-Year on-election (MY)	port Ma	on on Genera	(30G)	Sep	in the	Special (30S)
I certify that I have example	mined this Report	and to the best of	f mv knowledge	and belief it is t	rue, correct and	d complete.	
Type or Print Name of	•	fton Doug	-	_		•	
Signature of Treasurer Date Date							
NOTE: Submission of fals	se, erroneous, or in-	complete informatio	n may subject the	e person signing	this Report to the	T	
Office Use						FEC FOF Rev. 12/3	

2016-08-09-03-00094217

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Students Coalition for Democracy

Report Covering the Period:

From:

04

07

`2016`

To:

08

0,9

2016

COLUMN A
This Period

COLUMN B Calendar Year-to-Date

 (a) Cash on Hand January 1, 2016

000,000,000,00

(b) Cash on Hand at

Beginning of Reporting Period......

000,000,000,00

(c) Total Receipts (from Line 19)

000,000,000,00

000,000,000,00

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....

000,000,000,00

000,000,000,000

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

000,000,000,000

000,000,000,000

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

000,000,000,000

0,00,000,000,000

000,000,000,000

000,000,000,000

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

2016:00:00:00:00094218

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Students Coalition for Government

R	eport Covering the Period: From:	04 07 2016 T	o: 08 ' 09 ' 2016 '
	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)	000,000,000,00	000,000,000,00
	(ii) Unitemized	000,000,000,00	00,000,000,00
	(iii) TOTAL (add	000,000,000,000	
	Lines 11(a)(i) and (ii)▶		1000,000,000,00.
	(b) Political Party Committees	000,000,000,00	00,000,000,000
	(c) Other Political Committees (such as PACs)	00,000,000,000	00,000,000,00
	(d) Total Contributions (add Lines	<u> </u>	<u> </u>
	11(a)(iii), (b), and (c)) (Carry	000,000,000,000	000,000,000,00
12.	Totals to Line 33, page 5) Transfers From Affiliated/Other		
	Party Committees	000,000,000,00	000,000,000,00
13.	All Loans Received	000,000,000,000	000,000,000,000
	Loan Repayments Received	000,000,000,00	000,000,000,00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	000,000,000,00	00,000,000,000
16.	Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	000,000,000,00	000.000.000.00
17.	Other Federal Receipts		F000,000,000,00
18	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fund		000,000,000,00
	(a) Non-Federal Account		1000 000 000 00
	(from Schedule H3)	<u>[/////,/////,/////,///////////////////</u>	<u>ַרַטָּטַ,טְטָטַ,טְטָט,טַט</u>
	(b) Levin Funds (from Schedule H5)	000,000,000,00	000 000 000 00
	(b) Levin r and (non-esticatio ric)		
	(c) Total Transfers (add 18(a) and 18(b))	L000,000,000,00	000,000,000,00
10	Total Receipts (add Lines 11(d),		
13.	12, 13, 14, 15, 16, 17, and 18(c))	00,000,000,00	000.000.000.00
20	Total Fadaval Daggints		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	000,000,000,000	000,000,000,00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 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..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (use Schedule F)..... 26. Loan Repayments Made..... Loans Made
 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 (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 000.000.000.00 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)).. L000,000,000,00 _000_000_000_00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE of Disbursements

	FEC Form 3X (Rev. 02/2003)	or blobal coments	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)	000,000,000,00	000,000,000,00
34.	Total Contribution Refunds (from Line 28(d))	000,000,000,000	000,000,000,00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	000,000,000,00	000,000,000,000
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	000,000,000,00	000,000,000,000
37.	Offsets to Operating Expenditures (from Line 15, page 3)	000,000,000,00	000,000,000,000
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	000,000,000,00	000,000,000,00

S	CHEDULE A (FEC Form 3X)							JMBEF	₹:	PAG	Œ)F	
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		(check only one)									
			Detailed Summary Page	1 }	Щ	11a	\vdash	11b	.	11c	\square	12	_	٦
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K	NAME OF COMMITTEE (In Full)													
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\angle														
	Full Name (Last, First, Middle Initial)				_									
Α.	Mailing Address				υ _	ate (OT H	eceipt						
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	federal political committee.	<u> </u>	<u> </u>		L			4)31				1	·2	
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	Primary General Other (specify) ▼	~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1										
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_	Full Name (Last, First, Middle Initial)			+										
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	Mailing Address				Γ	M V	ر ا	Ūν	D	/ C	Y	Y	7	
	City S	State	Zip Code		L		_			L				
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	federal political committee.	<u> </u>			Ĺ			<u> 4)38</u>					·a	
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	Receipt For: Age	gregate	Year-to-Date ▼	\dashv										
	Primary General	-		7										
	Other (specify) ▼		<u> </u>	J										
_	Full Name (Last, First, Middle Initial)			+			_							
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	City S	State	Zip Code	\dashv	L		J	<u></u>		L			<u>ا</u>	
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SCHEDULE B (FEC Form 3X)	11	T	FOR	LINE	NUMI	BER:	<u>.</u>		PAGE	= (OF		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I	(ched	ck only 7 21b	⁄ one) 22 23			24 [24 25 26				
	Detailed Summary Page	ŀ	\vdash	27	ш	28a	28b	H	28c	29		30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n													
NAME OF COMMITTEE (In Full)										·			
	_												
Full Name (Last, First, Middle Initial)					Da	te of I	Disburse	emer	ıt				
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Mailing Address					L				<u></u>				
City	State Zip Code												
Purpose of Disbursement		Г	-	7	An	nount o	of Each	Dist	ourseme	ent this	Period	d	
Candidate Name		_	atego	rv/	r	,		-	~	· ·		7	
Office County District			Туре		L	-				<u>/</u>	<u></u>		
Office Sought: House Disburs Senate	ement For: Primary General					Mei	no Item						
President State: District:	Other (specify) ▼												
Full Name (Last, First, Middle Initial)				•		-	•						
3.					Da	te of I	Disburse	emer	it . pusac	~ ~ ~			
Mailing Address							/ L	ů	/ L	Y # Y #			
City	State Zip Code												
Purpose of Disbursement		_		_									
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Office Sought: House Disburs	ement For: Primary General					Mer	no Item						
President	Other (specify)					_							
State: District:													
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State: District:													
SUBTOTAL of Disbursements This Page (optional)			▶	Γ		43		(12)		-	7	
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TOTAL This Period (last page this line number on	ly)			▶	L								

SCHEDULE C (FEC Form 3X)		· · · · · · · · · · · · · · · · · · ·		
OANS	Use separate schedule(s)	PAGE OF		
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·		
LOAN SOURCE Full Name (Last, First, Middle Initial)	☐ Memo Item El	ection:		
		Primary		
Mailing Address		General Other (specify) ▼		
City State	ZIP Code			
Original Amount of Loan Cumulative Pa	ayment To Date Balance	Outstanding at Close of This Period		
TERMS Date Incurred M V	Date Due Interest Rate	Secured: % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	 	78 (apr)		
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	<u> </u>		
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount	~~~~~		
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount	~ ~ ~ ~ ~ ~ ~		
City State ZIP Code	Guaranteed Outstanding:	<u> </u>		
CUPTOTAL O This Paried This Page (authors)				
TOTALS This Period (last page in this line only)				
	Complete the control of the control	· · · · · · · · · · · · · · · · · · ·		
Carry outstanding balance only to LINE 3, Schedule D, for th	is 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

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	732 A 473 A 4	% % %
Mailing Address City State Zip Code	Date Incurred or Established Date Due	M F M / D F D / V T T T T T T T T T T T T T T T T T T
A. Has loan been restructured? No Yes	If yes, date originally incurred	, Mark / Darb / Yarah
B. If line of credit,	Total Outstanding	
Amount of this Draw:	Odistanding Balance:	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the key property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s		What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
M & M / D M D / Y M Y M Y M Y	City, State, Zip:	
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	amount pledged does not equal or exceed ich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		
Signature		
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the term are accurate as stated above. The loan was made on terms and conditions (incominal similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 Cl	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basis	vorable at the time than those imposed for s which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name		
Signature	le	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	10
NAME OF COMMITTEE (In Full)			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period		<u> </u>	
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period		1	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	- A - 2)2 - A 2)2 - A		3)2-4-4-2
C. Full Name (Last, First, Middle Initial) of Debto	or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period		. •	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			72 4 6 72 4 6 72
1) SUBTOTALS This Period This Page (optional)		>	472 A 4 275 A A 512 A
2) TOTALS This Period (last page this line number	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		272 4 273 4 273 4
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	antw)	·

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y Y Y
Full Name of Payee	Public Distribution/Dissemination
Mailing Address Amoun	
City State Zip Code	6) 6)
Purpose of Expenditure Category/ Type Date of	Disbursement or Obligation
Name of Federal Candidate Support Office Sought: Oppose Presider	Senate State:
Calendar Year-To-Date Per Election for Office Sought Ott	For: Primary General ner (specify) ▶
Full Name of Payee	f Public Distribution/Dissemination
Mailing Address Amoun	nt
City State Zip Code	(1)
Purpose of Expenditure Category/ Type Date o	f Disbursement or Obligation
Name of Federal Candidate Support Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursement Ot	For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	77 47 47
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	poperation, consultation, or concert the reporting entity is not a political
Signature Date	**************************************

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

ON BEHALF OF CANDIDATES FOR FED	ERAL OFFICE		PAGE OF
(To be used only	by Political Committees in the Gene	eral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)			Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee		
If YES, name the designating committee:	Mailing Address		
	City	State	e ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expe	nditure Category/
Mailing Address		Date	Туре
City State	Zip Code		/ ******
Name of Federal Candidate Supported Office Sough	House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address	☐ Memo Item	Purpose of Expe	Category/ Type
		Date	1,700
City State	Zip Code	M - M / D	/ *******
Name of Federal Candidate Supported Office Sough	House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expe	Category/
Mailing Address		Date	Туре
City State	Zip Code	M • M / B	/ / / / / / / / / / / / / / / / / / / /
Name of Federal Candidate Supported Office Sough	nt: House State: District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶		<u> </u>	
SUBTOTAL of Expenditures This Page (optional)	•		<u> </u>
TOTAL This Period (last page this line number only)		7,5	A - A - 75 - A - A - 275 - A

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 C. III)
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)
Non-Fresidential and Non-Senate Election real (13% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal

New

Revised

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CHEDULE H2 (FEC Form 3X)		
LLOCATION RATIOS	١.	PAGE OF
NAME OF COMMITTEE (In Full)		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE S	GUPPORT	
ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method"	where the federal pro-	portion of
expenses must equal the federal proportion of monies raised.	where the reactar pro-	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit der tivity. For PACs Only: Direct candidate support includes public communical federal and nonfederal candidates, regardless of whether there is a refere are allocated using a time/space method.	rived by federal candic ations or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	 ,	
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
AOTHUTY OR SYSTEM DESTRICTED		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		·
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	•	
New Thevised Same as Treviously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	TEDETINE 78	NON EDETAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:	70	70

Same as Previously Reported

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

PAGE OF	
FOR LINE 18a OF FOR	M 3X
TOTAL AMOUNT TRANSFERRED	
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2 0 27 0 A A 27 A A 27 A	
	

AVIAIC A	OF COMMITTEE (III Full)		
NAM	ME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		Many / Dato / Andrew	
BDE	AKDOWN OF TRANSFER RECEIVED		
l in	Total Administrative		
ii)	Generic Voter Drive		
1	Exempt Activities		
	Direct Fundraising (List Activity or Event Id		······································
'''	Direct Fundraising (List Activity of Event to	eruner <i>)</i>	
	a)		
	h)		
	b)	~	
1	c) Total Amount Transferred For Direct Fund	raising	
(v)	Direct Candidate Support (List Activity or E	vent Identifier)	
			
	a)	- <u> </u>	
	b)		
	c) Total Amount Transferred For Direct Cand	idate Support	
vi)	Public Communications Referring Only to	Party (Made by PAC)	
	TOTALS F	OR BREAKDOWN OF TRANSFER R	ECEIVED
TOTAL	This Period (Administrative)		
IOIAL	- This Tenou (Authinistianve)	·····································	
TOTAL	This Period (Generic Voter Drive)		· · · · · · · · · · · · · · · · · · ·
TOTAL	This Devied (Evennt Activities)	L	
IOIAL	This Period (Exempt Activities)		
TOTAL	This Period (Direct Fundraising)		1
TOTAL	This Davied (Divers Condidate Comment)		
TOTAL	This Period (Direct Candidate Support)		
TOTAL	This Period (Public Communications Referring	g Only to Party)	
TOTAL	This Period (Total Amount Transferred)		

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

PAGE	OF	
EOD LIN	E 212 OE I	ODM 3V

Α.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:	
	Mailing Address				Administrative Fundraising Exe Voter Drive Direct Candidate Sup	•
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
					Allocated Activity or Event Year-To-Date	-
	Purpose of Disbursement:]
	Activity or Event Identifier:			Category/ Type	WAW \ BAB \ AAAAA	
	FEDERAL SHARE		NONFEDERAL		= TOTAL AMOUNT	
	PEDENAL STANE	יין ו	NONFEDERAL	SHARE	- TOTAL AMOUNT	7
 В.	Full Name (Last, First, Middle Initial)	<u> </u>		☐ Memo Item	Allocated Activity or Event:	
					Administrative Fundraising Exe	mpt
	Mailing Address				Voter Drive Direct Candidate Sup	port
	City	State	Zip Code		Public Comm (ref to party only) by PAC	:
	Purpose of Disbursement:	<u> </u>			Allocated Activity or Event Year-To-Date	7
]
	Activity or Event Identifier:			Category/ Type	Date	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
				^	275 1 275 1 275 1	
c.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:	
	Mailing Address				Administrative Fundraising Exe	•
	City	State	Zip Code	·	Voter Drive Direct Candidate Sup Public Comm (ref to party only) by PAC	
	Only				Allocated Activity or Event Year-To-Date	
	Purpose of Disbursement:]
	Activity or Event Identifier:	•		Category/	M	
				Type	Date	┛
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
			<u>-():11)</u>		2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 2 2]
SI	JBTOTAL of Allocated Federal and NonFeder	ral Activity Th	is Page			
	FEDERAL SHARE	_, +,	NONFEDERAL	SHARE	= TOTAL AMOUNT	_
		ــا لـ	A()3A()3-			╛
TC	OTAL This Period (last page for each line onl FEDERAL SHARE	ly)(Federal sh	are to 21(a)(i) and		are to 21(a)(ii)) TOTAL AMOUNT	
						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,			

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR A

LLOCATED FEDERAL ELECTION to be used by State, District and Local		PAGE OF FORM 33
NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER i) Voter Registration Total Amount Transferred for Voter		RATION OTER ID
ii) Voter ID Total Amount Transferred for Voter Iii) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Gener		GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER I) Voter Registration Total Amount Transferred for Voter	VOTER REGISTI	RATION
ii) Voter ID Total Amount Transferred for Voter	<u> </u>	/OTER ID
Iii) GOTV Total Amount Transferred for GOTV	/	GOTV GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Gener	ric Campaign Activity	
TOTALS FOR BRE	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter ID)		
TOTAL This Period (GOTV)		47-43-43-43-43-43-43-43-43-43-43-43-43-43-
TOTAL This Period (Generic Campaign Ad	ctivity)	
TOTAL This Period (Total Amount of Trans	sfers Received)	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE	OF
FOR TIME	30a OF FORM 3X

AME OF COMMITTEE (In Full)		
A. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo item	Type of Allocated Activity or Event: Voter Registration GOTV
		Voter ID Generic Campaigr
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	المصا	<u></u>
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SI	HARE	= TOTAL AMOUNT
	(<u>)</u>	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaigr
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	<u> </u>	
Purpose of Disbursement	Category/ Type	Date Date
FEDERAL SHARE + LEVIN SI		= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type	Date/ _ 6 6 6 / V V V V V V V V V V V V V V V V
FEDERAL SHARE + LEVIN SI		= TOTAL AMOUNT
	77-6-6-6-6-	
UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SI	HARF	= TOTAL AMOUNT
T LEVIN O	73	10 11 12 11 11 11 11 11 11 11 11 11 11 11
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) a FEDERAL SHARE	and Levin share to	30(a)(ii)) TOTAL AMOUNT
LEVIN SI	HARE	
OTAL This Period for the Levin Share	77 <u> </u>	<u></u>
		FEC Schedule H6 (Form 3X) Rev. 12/2019

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)				
NAM	E OF ACCOUNT	·			
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		A . 2)2 B . A . 2)2 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		A 472 A 4 272 A 4 272 A		
	(e) Total		A - A - 275 A - A - 275 A - A - 275 A - A		
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)		A 4 213 A 213 A 213 A		
8.	RECEIPTS(from Line 3)		A B 5)* A A 5)* A A 4**		
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		A A 7 . N . A . A . A . A . A . A . A . A . A		
		· ·			

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

OF PAGE Use separate schedule(s) FOR LINE NUMBER: for each category of the (check only one) Aggregation Page 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period State City Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt ☐ Memo Item ₿. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt ☐ Memo Item D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBE	R: LPAG	iE .	OF
(check only one)	_		
	4a	4c	5
i L	4b	4d	

<u>ر</u>	ELVIN I ONDO	""	, i	[] 4b
	y information copied from such Reports and Statements may n for commercial purposes, other than using the name and addre			
\rangle	NAME OF COMMITTEE (In Full)			
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
В.	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
	Mailing Address			لـــا لــا
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	,		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
	Mailing Address			لـــا لــا
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			A A 92-A A 93-A A 93-A
Ε.	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			4 9 4 9 4 9 4 9 4 9 4 9 4 9 9 9 9 9 9 9
s	UBTOTAL of Disbursements This Page (optional)	••••••	·····	
T	OTAL This Period (last page this line number only)		·····	

Via E-Mail

(3/2015)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Rostmarked E-MAIL Other (Specify):