FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 MAY 22 AM 7: 48

				Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	Describe of
CAPITALIS	T PAC.			
ADDRESS (number and street	, PO BOX	K 4 8 4 4		
Check if different than previously reported. (ACC)	Salt 1	ake cîty	LaT	8,4,1,1,9-
2. FEC IDENTIFICATION	I NUMBER ▼ ···	· · CITY ▲	STATE A	ZIP CODE A
C 0,0,5,4,7,	8 Z	3. IS THIS NEW (N) OF		IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) May 20 (M	5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reparts:	Due On.	Mar 20 (M3) Jun 20 (M	Landi Servi	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Repo	rt (Q1) (c) 12-Day	Apr 20 (M4) Jul 20 (M7	Bee!	20 (M10) Jan 31 (YE) (12G) Runoff (12R)
July 15 Quarterly Repo	PRE-Ele	(Francisco)	General Special (Landy
October 15 Quarterly Repo		kasi		in the
January 31 Year-End Repo		Election on	ence to the second sector of the second section of the second sector of the second section of the section	State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY	ection (d) 30-Day	in the second se	Runoff (3	OR) Special (30S)
Termination Rep		Election on		in the State of
5. Covering Period	el 61	2019 through 6.	3' 3.11'	2014
•	71.17	e best of my knowledge and belief it is	true, correct and	d complete.
Type or Print Name of Treas	surer Blair	e Hall		
Signature of Treasurer	Meladel		Date 💍	113 2014
NOTE: Submission of false, e	rroneous, or incomplete in	nformation may subject the person signing	this Report to the	ne 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 pitalist 51'01'z614 63/37/201 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar 'Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

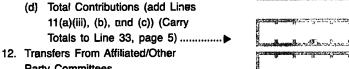
Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DA

Capitalist	- TIC	
Report Covering the Period: From:	01 2014 To	: 63/31/20
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)▶		Samuel and the second Character and Samuel Assessed Character and Samuel and
(b) Political Party Committees		The second secon

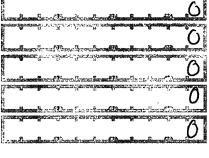


(such as PACs).....

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)▶





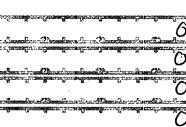


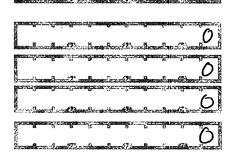
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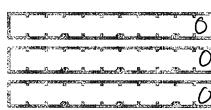
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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

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 26. Loan Repayments Made..... 27. Loans Made.....28. Refunds of Contributions To: Individuals/Persons Other Than Political Committees (b) Political Party Committees 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).....

DETAILED SUMMARY PAGE

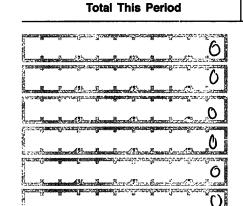
of Disbursements

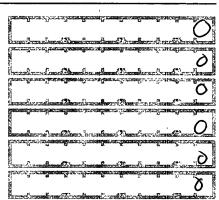
COLUMN A

Page 5

III. Net Contributions/Operating Expenditures

FEC Form 3X (Rev. 02/2003)





COLUMN B

Calendar Year-to-Date

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S	CHEDULE A (FEC Form 3X)	Γ		FC	R LIN	E NUMBER:	PAGE	OF	
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			Detailed Summary Page		13	14	15	16	17
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\setminus	NAME OF COMMITTEE (In Full)	0	\						
\angle	Capitalist	- ' \	<u> </u>						
	Full Name (Last, First, Middle Initial)				Doto (of Receipt			
A.	14 - W			-	Date				
	Mailing Address				استعليه		7 7 7 7 7	V E V I	V]
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	FEC ID number of contributing federal political committee.	<u>C</u>				_023\		• •	
	Name of Employer	Occupation	1.50						
	Receipt For:	Aggregate Ve	ear-to-Date ▼	\dashv					
	Primary General	nggiogate it		.					
	Other (specify) ▼								
В.	Full Name (Last, First, Middle Initial)				Date o	of Receipt		Þ	
	Mailing Address					7 / 18 00	' ' ' '	~ "γ•η-	V *
	City	State	Zip Code	\dashv	l.	. L.	nd baseden	- demokratie	rand
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	FEC ID number of contributing federal political committee.	C							bi et et
	rederar pontical committee.	Encertice with each	ronkandemedenakrikerik		Manager (See)	erika of Parentha o			
	Name of Employer	Occupation		7					
	Receipt For:			4					
		00 0	ear-to-Date ▼						
	Primary General		madamatananina mitanatamatamatamat	i					

Other (specify) ▼	the continued the continued by the continued to the continued the continued to the continued to the continued to	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	nal)	

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

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any politica	d by any person I committee to.	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Capitalist	PAC		
Full Name (Last, First, Middle Initial) A.			Date of Disbursement
Mailing Address	-		M V V D D V
City	State Zip Code		
Purpose of Disbursement		****	Amount of Each Disbursement this Period
Candidate Name	1	Category/ Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M.M. O.D.
City	State Zip Code		
Purpose of Disbursement	A COLUMN ASSESSMENT		Amount of Each Disbursement this Period
Candidate Name	3	Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
,	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disbursen Senate President State: District:	ment For: Primary		
SUBTOTAL of Disbursements This Page (optional)			grammageness of the section of the s
TOTAL This Period (last page this line number only)			

SCHEDULE C (FEC Form 3X)

OANS	for each cat	e schedule(s) egory of the mmary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full) (apitalist T	PAC		
LOAN SOURCE Pull Name (Last, First, Middle Initial)		Ele	Primary General
Mailing Address			Other (specify) ▼
City State	ZIP Code		
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ve Payment To Date		Outstanding at Close of This Period
	Transferred transferred to the second	nterest Rate	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan So			
Full Name (Last, First, Middle Initial)	Name of Emp	loyer	
Mailing Address	Occupation		
City State ZIP Co	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Emp	loyer	
Mailing Address	Occupation		
City State ZIP Co.	Outstanding:		en e
3. Full Name (Last, First, Middle Initial)	Name of Emp	loyer	
Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·	
City State ZIP Co.	Amount Guaranteed Outstanding:		and the same of th
4. Full Name (Last, First, Middle Initial)	Name of Emb	loyer	
Mailing Address	Occupation		
City State ZIP Co.	Amount Guaranteed Outstanding:	M	ang na anggananang musang mahang mahang musan na pangang na kalala.
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)		<u> </u>	
Carry outstanding balance only to LINE 3, Schedule D, f	or 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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Capitalist PAC	-	C00547182
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		1
·		%
Mailing Address		
	Date Incurred or Established	in the second se
		TARREST AND A VENT OF THE PROPERTY OF THE PROP
City State Zip Code	Date Due	The continued because
A. Has loan been restructured? No Yes	If yes, date originally incurred	d Company
B. If line of credit,	Total	
	Outstanding Balance:	
Amount of this Draw:	balance:	
C. Are other parties secondarily liable for the debt incurre	ed?	
•	st be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the lo		What is the value of this collateral?
property, geods, negotiable instruments, certificates of		Employee for a fact the section of t
stocks, accounts receivable each on deposit, or other		
No Yes If yes, specify:		
		Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of intere	st income, pledged as	What is the estimated value?
collateral for the loan? No Yes If yes, s	pecify:	Secretaria de la constitución de
		WAS A STATE OF THE
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:	
, 0 0 , V Y Y Y Y	City, State, Zip:	
F. If neither of the types of collateral described ebove was the loan amount, state the basis upon which this loan		
G. COMMITTEE TREASURER		DATE
Typed Name		DATE
Typed Name		TO T
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION:		
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter	rms of the loan and other inform	
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above.	•	nation regarding the extension of the loan
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above. II. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of	cluding interest rate) no more fa comparable credit worthiness.	nation regarding the extension of the loan worable at the time than those imposed for
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above. II. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basi	nation regarding the extension of the loan vorable at the time than those imposed for s which assures repayment, and has
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above. II. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a cemplied with the requirements sat forth at 11 Cf	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basi	nation regarding the extension of the loan vorable at the time than those imposed for s which assures repayment, and has ng this loan.
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above. II. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a cemplied with the requirements sat forth at 11 CF	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basi	nation regarding the extension of the loan worable at the time than those imposed for s which assures repayment, and has ng this loan. DATE
Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above. II. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a cemplied with the requirements sat forth at 11 Cf	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basi FR 100.82 and 100.142 in maki	nation regarding the extension of the loan vorable at the time than those imposed for s which assures repayment, and has ng this loan.

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:
Excluding Loans	for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full) Capitalist PAC		1 10
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):
Mailing Address		, alpoop,
City State Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstand	ing Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	enalėseam inner ali	ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period		ing Balance at Close of This Period
		the second s
1) SUBTOTALS This Period This Page (optional)	>	6
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 on	nly) ▶ 👢 ,	

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER t
Capitalist PAC		00547187
Check if 24-hour report 48-hour report New report	Amends report file	ed on
Full Name of Payee		Date of Public Distribution/Dissemination
		HWW / DOD / POT YEAR
Mailing Address		Amount
City State Zip C	inde	A second committee to be a second management of the second management o
		Constitute of the second secon
Purpose of Expenditure	_ gatesgessengesseng	Date of Disbursement or Obligation
Care	egory/ Type	
Name of Federal Candidate	Support Office	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dist	bursement For: Primary General
Per Election for Office Sought	one of the case of	Other (specify) -
Full Name of Payee		Date of Public Distribution/Dissemination
1		M M , D D , Y
Mailing Address		Samuel Sa
· ·	_	Amount
City State Zip C	Code	
		Date of Disbursement or Obligation
Purpose of Expenditure Cate	egory/ Type	
Name of Federal Candidate	Support Office	ice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		bursement For: Primary General
DODGESCO STATE COST STATE - PARTICIPATOR AND	94.877g93300000000000000	Other (specify)
(a) SUBTOTAL of Iternized Independent Expenditures		
(a) SUDTOTAL OF REINEED TRACPORTED TO EXPORTED TO THE TRACE TO THE TRA	-	
(b) SUBTOTAL of Uniternized Independent Expenditures		Secure of Consonial reproduce and Consonial From sufference of consonial consolidations and consolidations.
(4) 55515112 51 51415		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
MATA.		
Mental	Date	14 15 20 14
Signature	فاهشا	indended linear distant linear

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 FEDI	ERAL OFFICE		DADE	□F
(2 U.S.C. □441a(d)) (To be used only	by Political Committees in the Gene	eral Election)	F00 00NE 20	OF F000 00
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TOTAL 0000 000000 000000000000000000000000			w w	

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)
Capitalist PtC
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) Capitalist PAC		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Mathods of allocation:	•	
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a real are allocated using a time/space method.	t derived by federal candi untcations er voter drives	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %
New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	Section of the sectio	% %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

PAGI	=		F		
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FOR	LINE	182	OF	FORM	37

NAME OF COMMITTEE (In Full)	PAC	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Iden	atifier)	
a)		Color
b)		
		The state of the s
c) Total Amount Transferred For Direct Fundfai	ising	
v) Direct Candidate Support (List Activity or Eve	ent Identifier)	
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a)	donis Depleasing - A - And Dec	
	Assar Caumidian and an advantal arms for such assar for manifest and a such as a such as a such as a such as a	
b)		
Total Amount Transferred For Direct Candida	ate Support	· · · · · · · · · · · · · · · · · · ·
vi) Public Communications Referring Only to P	nety (Made by PAC)	
vi) Public Communications Referring Only to P	arty (wade by FAC)	Section of manufacture of 1 the confidence and interest 1 themselves and 1 themselves and 1 themselves and 1
TOTALS FOI	R BREAKDOWN OF TRANSFER RECEIVE	ED .
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TOTAL THIS PERIOD (Administrative)	To an analysis of the second second the second seco	
TOTAL This Period (Generic Voter Drive)	#	Ö
TOTAL This Period (Exempt Activities)		
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TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		the sold in the sold and the so
TOTAL THE Desire On the O		
TOTAL This Period (Public Communications Referring	Uniy to Party)	throughout decident and the second
TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LIN	E 21a OF	FORM	<u></u>

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N/	AME OF COMMITTEE (In Full)	10			
					Allocated Activity or Event:
A.	Full Name (Låst, First, Middle Initial)				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Fulpose of Dispursement.				
	Activity or Event Identifier:			Category/	*****
				Type	Date Continued C
	FEDERAL SHARE +	_	NONFEDERAL	-	= TOTAL AMOUNT
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В́.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City S	State	Zip Code		Public Comm (ref to party only) by PAC
			2,000		- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	/		Exmidispetiment	Simon Character Strain Case Strains Strain Character Strain Case S
	Activity or Event Identifier:				To continue of the continue of
				Category/ Type	Date / b o
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT
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C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			paragram paragram	Service and the service of the servi
	Activity or Event Identifier:			(Consideration of the contraction of the contracti	
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SI	JBTOTAL of Allocated Federal and NonFederal Acti			01455	
	FEDERAL SHARE +		NONFEDERAL	SHAHE	TOTAL AMOUNT
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	FEDERAL SHARE			SHARE	TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

T	To be used by State, District and	Local Party Committees Only)	PAGE OF FORM 3X
Ī	NAME OF COMMITTEE (In Full)	+ PAC	
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	BREAKDOWN OF THIS TRANSFER		
	i) Voter Registration	VOTER REGISTR	ATION
	Total Amount Transferred to	r Voter Registration	
	ii) Voter ID	V	OTER ID
	Total Amount Transferred for	9	
		Secretion Bank Discussion	GOTV
	III) GOTV		Annahan dan dan dan dan dan dan dan dan dan d
	Total Amount Transferred for	r GOTV	
	iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
		r Generic Campaign Activity	
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	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	'	[474] / [575] / [779] 777	
			and the contract the second and the contract
	BREAKDOWN OF THIS TRANSFER		
		VOTER REGISTR	ATION
	i) Voter Registration		
	Total Amount Transferred fo	Connections Converting and Proposition and Pro	The second second
	ii) Voter ID	V	OTER ID
	Total Amount Transferred fo	r Voter ID	all and the contract of the co
		N. S.	GOTV
	iii) GOTV	- COTY	
	Total Amount Transferred fo	, GOIV	
	iv) Generie Campaign Activity	Kaman	GENERIC CAMPAIGN ACTIVITY
	1	r Generic Campaign Activity	
		German	and the control of th
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
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	TOTAL THE TOTAL (VOICE FINGULA	Sexuliandamillion in religioristica	
	TOTAL This Period (Voter ID)		
	TOTAL THIS PERIOD (VOICE ID)	and the second s	
	TOTAL This Devied (COTV)	i i	
	TOTAL This Period (GOTV)	ingannilanunalikaur	d Principal in real to sout Principal annual are hill for a Security
	TOTAL TIL T 1 1 10 1 1 5	Common in the co	
	TOTAL This Period (Generic Camp	aign Activity)	mala semilinement de des esta esta esta esta esta esta esta es
	TOTAL This Period (Total Amount of	of Transfers 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 LINE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full) Capitalist DAC			
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:		
	Voter Registration GOTV		
	Voter ID Generic Campaign		
	- Sampaign		
	Allocated Activity or Event Year-To-Date		
Mailing Address	Allocated Activity of Event Year-10-Date		
City State Zip Code	The state of the s		
	Manufacture of the Company of the Co		
Purpose of Disbursement	Category/ Date		
	Type Date		
EEDEDAL PAARE L LEVILLOUAR			
FEDERAL SHARE + LEVIN SHAF	RE = TOTAL AMOUNT		
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:		
	Voter Registration GOTV		
	Voter ID Generic Campaign		
Mailing Address	Allocated Activity or Event Year-To-Date		
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City State Zip Code			
John State Zip Code			
Dumage of Dishurasment			
Purpose of Disbursement	Category/ Date		
	Type Paracramic Renaction of Renaction of State		
FEDERAL SHARE + LEVIN SHAF			
FEDERAL SHARE + LEVIN SHAF			
And the second s	Type of Allocated Activity or Event:		
	Type of Allocated Activity or Event: Voter Registration GOTV		
	Type of Allocated Activity or Event:		
	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign		
	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign		
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Malling Address	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Malling Address	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Malling Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Malling Address City State Zip Code Purpose of Disbursement	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Category/ Type Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Malling Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Malling Address City State Zip Code Purpose of Disbursement PEDERAL SHARE + LEVIN SHAF	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT		
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C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement PEDERAL SHARE + LEVIN SHAF SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAF TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and I FEDERAL SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT		

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	e of committee (in Full)	RIST PA	
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		\mathcal{O}
	(b) Unitemized		
	(c) Total	In the second of the secon	
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	on the continued throads and in a discontinued throad	O
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		Benefit resulting of the second desiration of
	(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)		A second
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		processing and the second seco

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SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not bor for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full) Capitalist	PAC	
Full Name (Last, First, Middle Mitial) / Full Organization Name		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State	Zip Code	Amount of Each Neverth this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
मिया Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
Mailing Address		Superification State of State
City	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		Addicative to the second and the second seco
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	••••••••••••••••••••••••••••••••••••••	

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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:	PAG	ìΕ	OF
(check only one)	4a 4b	4c 4d	5

OF LEVIN FUNDS	Aggregation Page	☐ 4b ☐ 4d
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a	its may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	PAC	
Full Name (Last, First, Middle Initial) / Full Organization	on Name	Date-of-Disbursement
Mailing Address		
City State Purpose of Disbursement	te Zip Code	Amount of Each Disbursement this Period
	Name .	
Full Name (Last, First, Middle Initial) / Full Organization B.	on Name	Date-of Disbursement
Mailing Address		
City Stat	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization.	on Name	Date of Disbursement
Mailing Address		
City Stat	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Commentered Comments
Full Name (Last, First, Middle Initial) / Full Organization.	on Name	Date of Disbursement
Mailing Address		Learning Committee Committ
City	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		The confirmation of the confirmation and the confirmation of the
Full Name (Last, First, Middle Initial) / Full Organization	on Name	Date of Disbursement
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City	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Secretaria (Secretaria de Constituto de Con
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

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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. Date of Receipt **Hand Delivered 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 Postmarked Other (Specify): DATE PREPARED