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FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED TEC MAIL CENTER

2016 Office USE Only 17: 12?

FEC FORM 3X

Rev. 12/2004

				AU III Office Us	se)Only; /: [1]
1. NAME COMMI	OF TTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	* ************************************
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GOMIN	MITTER			<u> </u>	
ADDRESS ((number and street)	1201 N. NE	W, YORK, AVENU)E	
tha	eck if different an previously ported. (ACC)	SOUTE 30	ARK, , , ,	BU BA7	891-1
2. FEC I C	DENTIFICATION NU	MBER ▼ C	CITY A	STATE A	ZIP CODE A
c)()	0.45.441	3.	IS THIS NEW REPORT (N) OI	AMENDED (A)	
(Choose	OF REPORT e One) parterly Reports: April 15 Quarterly Report (Quarterly Report (Year-End Report (Year-End Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: A (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	eb 20 (M2)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S)
		s Report and to the best	through through of my knowledge and belief it is	true, correct and comple	
Type or Pri	nt Name of Treasurer	Branda	Manly		
Signature o	f Treasurer	Gordal	- Maules	Date 08	io: ¿¿¿¿
NOTE: Subr	nission of false, errone	eous, or incomplete informa	tion may subject the person signin	g this Report to the penalt	ies of 52 U.S.C. § 30109

FEC Form 3X (Rev. 02/2003)

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Report Covering the Period: **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..... 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))..... Debts and Obligations Owed TO 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

2016 : 00 : 25 : 0M : 00096297

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE of Receipts

Page 3

Write or Type Committee Name	0 0 ()	` .1				
Sonnip's Franche	X Congoup Pollhal	Hom				
Report Covering the Period: From: 04 01 2016 To: 06 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	en e	in a second make a second of the company of				
(i) Itemized (use Schedule A)		and the state of t				
(ii) Unitemized(iii) TOTAL (add		The second of th				
Lines 11(a)(i) and (ii)▶	$\mathcal{F}_{\mathrm{supp}}(\mathcal{F}_{\mathrm{supp}}) = \mathcal{F}_{\mathrm{supp}}(\mathcal{F}_{\mathrm{supp}}) + \mathcal{F}_{\mathrm{supp}}(\mathcal{F}_{\mathrm{supp}}) + \mathcal{F}_{\mathrm{supp}}(\mathcal{F}_{\mathrm{supp}})$					
(b) Political Party Committees	The state of the s	1527 I 445 I 445 I				
(c) Other Political Committees						
(such as PACs)	The Markette State of the State	ing terminal september 1965 between the property of the proper				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶		and the transport of the state				
12. Transfers From Affiliated/Other	 State of the property of the prop					
Party Committees						
13. All Loans Received	and the state of t	in the second section of the second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the section of				
14. Loan Repayments Received	entered in the second of the s					
15. Offsets To Operating Expenditures		See to the seed of				
(Refunds, Rebates, etc.)	the first was the state of the state of	The state of the s				
(Carry Totals to Line 37, page 5)	The second of the second of the second	ing ing the state of the state				
16. Refunds of Contributions Made to Federal Candidates and Other						
Political Committees		in in die er transitier in der de termijn verweiten van de van de verweiten in de die geweiten. Die de				
17. Other Federal Receipts	 Jumps of the \$10 market stage of the first stage. Jumps of the first stage of the first stage. 	Harry Communication Communication (Communication Communication Communica				
(Dividends, Interest, etc.)						
18. Transfers from Non-Federal and Levin Fund	s of the state of	The state of the s				
(a) Non-Federal Account	the state of the s	and the second second problems and				
(from Schedule H3)	The state of the s	en de 1984: The selection of the state of the selection o				
(b) Levin Funds (from Schedule H5)	•	A. The stay \$500 and \$700 and \$700 and and an area of the stay of				
(c) Total Transfers (add 18(a) and 18(b))	•	and the second s				
 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 	The state of the s	 Sign of the property of the prope				
(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)		Calendal Teal-to-Date
	(i) Federal Share		and the state of
	(ii) Non-Federal Share	and the second s	∵
	(b) Other Federal Operating Expenditures		and the second of the second o
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))	▶ 	ing the second of the second o
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures	The state of the s	o ymigh i thogae tha bead tual,
25.	(use Schedule E)	The state of the s	in the control of the
	Loan Repayments Made		
27. 28.	Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other		The second secon
	Than Political Committees	The state of the s	Company of the contract of the
	(b) Political Party Committees		
	(such as PACs)	······································	The first of the second second
	(d) Total Contribution Refunds	and the second of the second of the second	egy of the contract of the con
	(add Lines 28(a), (b), and (c))	▶ 	amada ja ka ja ja ja mada ja kalenda (j. 1800). Mada kalend a komun a ara kaja ja kaja ja menda kaja ja
29.	Other Disbursements	the first of the second section is the second secon	ing si Tanggaran kang salah salah kepada bandan banda
30.	Federal Election Activity (52 U.S.C. § 30	0101(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	en e	and the second of the second o
	(i) Federal Ghare		and the second section of the sectio
	(ii) "Levin" Share(b) Federal Election Activity Paid Entire	iy	en e
	With Federal Funds(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	±Port of the contract of the decision of the	ing the second of the second o
31.	Total Disbursements (add Lines 21(c), 2		and the second of the second o
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	en in de la companya della companya de la companya de la companya della companya	The state of the s
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	gamente menerale en	
		"" on the second and the first second of	$\omega = (\log T) + (1 + \frac{\pi}{2} + \frac{1}{2} + \frac{\pi}{2})^{\frac{1}{2}} + \frac{\pi}{2}$

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

(add Line 21(a)(i) and Line 21(b))

(from Line 15, page 3).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/
Operating Expenditures

Total This Period

Column B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)

Total Contribution Refunds
(from Line 28(d))

Net Contributions (other than loans)
(subtract Line 34 from Line 33)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(he	ck only	or	ıe)	•					
		11a		11b		11c		12		
		13		14		15		16		17

			Detailed Sumi	nary Page	13	H ₁₄ H	15 16	17
	d from such Reports and poses, other than using the				son for the	purpose of so	oliciting contribution	ns
NAME OF COMMI	TTEE (In Full)	. 0	many (f	ditical		$\overline{}$		
Full Name (Last, F	irst, Middle Initial)				Date of	f Receipt		
Mailing Address			· · · · · · · · · · · · · · · · · · ·				A TANK OF YOUR	:
City		State	Zip Code		Amoun	t of Each Rec	eipt this Period	
FEC ID number of federal political cor	•	С			ļ		رون در المحدود	
Name of Employer		Occupation	n		M	emo Item		
Receipt For: Primary Other (specif	General y) ▼	7 7 1	Year-to-Date ▼					,
Full Name (Last, F	irst, Middle Initial)	· · · · · · · · · · · · · · · · · · ·			Date of	f Receipt		
Mailing Address	·				1 .	/ a a	A TAY A TAY TAY	
City		State	Zip Code			<u> </u>	eipt this Period	· · · · · · · · · · · · · · · · · · ·
FEC ID number of federal political cor	•	С		2. 30 M	1		an en	1-
Name of Employer		Occupation	n			lemo Item		
Receipt For: Primary Other (specif	General y) ▼		Year-to-Date ▼	•				
Full Name (Last, F	irst, Middle Initial)				Date o	f Receipt		
Mailing Address					าด์ ราพ	. פ אם אין ז . ב	/ 'Y 'Y 'Y 'Y	v .
City		State	Zip Code	·	ļ	it of Each Red	ceipt this Period	
FEC ID number of federal political co	-	C.		See the second of the second o				
Name of Employe	Name of Employer Occupation		n		N	Memo Item		
Receipt For: Primary Other (specif	General y)		Year-to-Date ▼	er ja				
SUBTOTAL of Rece	ipts This Page (optional)					o en		Õ
TOTAL This Period	(last page this line number	er only)					nn an an _{an} ar an maea Ceargain an an an Fair ai t a	()".

SOFIEDOLE D (FEO FOILI OX)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26
·	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or use ne and address of any politica	d by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	<u> </u>		
) Sonmp Franchise (Empones Poll	tual	Achar Canmettee
Full Name (Last, Hirst, Middle Initial)	4 ()		Date of Dichurcoment
· ·			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Candidate Maine		Category/ Type	and the second of the second o
	ment For:		Memo Item
Senate President	Primary General		The state of the s
State: District:	Other (specify) ▼		•
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailing Address			THE RESTRICTION OF THE PROPERTY OF THE PROPERT
City	State Zip Code		
Purpose of Disbursement		,	·
Carlida N			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For: Primary General		Memo Item
President	Other (specify)		-
State: District:	·		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
			Manual Constant Vivia Vivia
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			·
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	Туре	the same of the control of the same of the
Senate	Primary General		Memo Item
State: District:	Other (specify) ▼		
,		·	
SUBTOTAL of Disbursements This Page (optional).		>	
TOTAL This Period (last page this line number only	· /)		0
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SCHEDULE C (FEC Form 3X)				
LOANS	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)	Ω			
Sonnip Franchise Company	to I was Helm Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item Election:			
	Primary			
Mailing Address	General Other (specify) ▼			
City State ZIP C	code			
The second of th	To Date Balance Outstanding at Close of This Period			
and the state of t	many surjection of the constant of the section of t			
TERMS Date incurred Date Dute	e Interest Rate Secured:			
Man A D D A C Y Y Y Y W BAN C D D C A	V V V V V V V V V V V V V V V V V V V			
	% (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
1. Toll Harlo (Edst, Flist, Missio Hillar)				
Mailing Address	Occupation ,			
City State ZIP Code	Amount Guaranteed			
City State ZIP Code	Outstanding: The late of March 1982 and the March 1982 and			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
Class 7/D Oads	Amount			
City State ZIP Code	Outstanding: A company Market William			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
walling Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
4. Tun Hamo (East, Thos, Madie Innia)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
City Citato 211 Godo	Outstanding:			
	to the control of the responsibility of the control			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)	* *** *** *** *** *** *** *** *** ***			
Court outstanding belongs only to LINE 3 Oct 1 to 1 to 1				
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)		FEC IDENTIFICATION NUMBER
Samp Franchèse ampay	Political Actual	Quente C 00454462
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	10.50	%
Mailing Address		M m Y Y Y Y
	Date Incurred or Established	
City State Zip Code	Date Due	uz ta z o n z y y y y y
A. Has loan been restructured? No Yes	If yes, date originally incurre	The trial of the t
B. If line of credit, Amount of this Draw:	Outstanding	ing community of a community of the second s
C. Are other parties secondarily liable for the debt incurre	· · · · · · · · · · · · · · · · · · ·)
D. Are any of the following pledged as collateral for the 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
E. Are any future contributions or future receipts of interest	est income inledged as	interest in it? No Yes
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:	
LATER 1 D D 1 Y Y Y	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the	
G. COMMITTEE TREASURER		DATE
Typed Name Signature		tan saling () Display y six y y viving
olymatar o		A the Day of the second
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 teare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that complied with the requirements set forth at 11 Complied.	ncluding interest rate) no more f if comparable credit worthiness. a loan must be made on a bas	avorable at the time than those imposed for
AUTHORIZED REPRESENTATIVE Typed Name		DATE
···	itle	Market A Torroll / Parket A Torr
		1

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

PAGE (Use separate F schedule(s) for each (c numbered line)

PAGE	OF
OR LINE NUMBER:	
check only one)	9

10

DUUDEN	anchese Cup	method What Cal Hehran Ca	annullel
A. Full ⁾ Name (L	ast, First, Middle Initial) of Deb	tor an Creditor	Nature of Debt (Purpose):
		· · · · · · · · · · · · · · · · · · ·	
Mailing Address			
City Sta	te	Zip Code	
Outstanding B	alance Beginning This Period		<u></u>
1			
	t Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-:	Francis State Carlo Africa Carlo	The state of the s	ing of the state o
B. Full Name (La	st, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
			,
Mailing Address			
City Sta	te	Zip Code	
Outstanding B	alance Beginning This Period		
	en de la companya de La companya de la co		
1	t Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	the marking only 1880 and	The second of th	garan ayan da garan garan da garan g
C. Full Name (L	ast, First, Middle Initial) of Del	otor or Creditor	Nature of Debt (Purpose):
Mailing Address			
City		State Zip Code	
Outstanding B	alance Beginning This Period		· .
	and the second s		
1	t Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
,	er i Tillus Miller de Filmer de Li	and the state of t	ر المراجعة المحتود ال
) SUBTOTALS TI	his Period This Page (optional)	<u> </u>	
) TOTALS This P	eriod (last page this line numb	per only)	
) TOTAL OUTST	ANDING LOANS from Schedul	le C (last page only)	
) ADD 2) and 3)	and carry forward to appropria	te line of Summary Page (last page only) ▶	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Sorry Franchese Kurpbuy Political Micha Countt	TU C00471462
Check if 24-hour report 48-hour report New report Amends report file	ed on the same A is to show A in the same A
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	endres - Sein de San Nord (etc.)
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Offic Oppose	ce Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Date of Disbursement of Obligation
Name of Federal Candidate Support Office Oppose	ice Sought: House District:
Calendar Year-To-Date Per Election for Office Sought Dist	sbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	garan kan ang ang ang ang ang ang ang ang ang a
(b) SUBTOTAL of Unitemized Independent Expenditures	e de la companya de l La companya de la companya de
(c) TOTAL Independent Expenditures	and the second s
Under penalty of perjury I certify that the independent expenditures reported herein were not rewith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Signature Date	08'20'20'16

PAGE

OF

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

TE OF COMMITTEE (In Full) TWO FULL LEGAL MANAGEMENT OF THE PROPERTY OF THE PR	mmittee?	Full Name of Subol	COMINIH- rdinate Committee	COL	: Chec	k if our notice
dinated expenditures by a political party cor	mmittee?		rdinate Committee			
·		Mailing Address				
		City		State	e ZIP (ode
Full Name (Last, First, Middle Initial) of Eac	ch Payee		Memo Item	Purpose of Expe	nditure	
Mailing Address	•					Category/ Type
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Date		$\mathbf{Y} \stackrel{\mathrm{dis}}{=} \mathbf{Y} \rightarrow \mathbf{Y} \stackrel{\mathrm{dis}}{=} \mathbf{Y}$
Name of Federal Candidate Supported Of	ffice Sough	t: House Senate Presidential	State:	Amount	uliura () da co	3
Aggregate General Election Expenditure for this Candidate ▶			2.5 mg		. अस्त्रीका - है	.
Full Name (Last, First, Middle Initial) of Eac	ch Payee		☐ Memo Item	Purpose of Expe	nditure	
Mailing Address			· · · · · · · · · · · · · · · · · · ·			Category/ Type
City	State	Zip Code		Date		Y T Y Y
Name of Federal Candidate Supported Of	ffice Sough	t: House Senate Presidential	State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶	;			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	a. + + p+35 ₹ - 3-	error of the second
Full Name (Last, First, Middle Initial) of Eac	ch Payee		☐ Memo Item	Purpose of Expe	nditure	Category/
Mailing Address				Date		Туре
City	State	Zip Code		· ·	D / Y	
•				↑ The state of the state	na	
Name of Federal Candidate Supported O	Office Sough	House Senate Presidential	State:	Amount	-	

PAGE

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)
Sonny Eranduse Company Political Alban Committee
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

ACTIVITY IS:

Fundraising

CHECK IF THE RATIO IS:

Revised

Direct Candidate Support

Same as Previously Reported

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER FEDERAL % **NONFEDERAL % ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New 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 ACTIVITY OR EVENT IDENTIFIER

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

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF FORM 3X

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

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

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

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

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

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

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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 Date of Receipt 8/19/16 **USPS First Class Mail** 812516 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): PREPARER