FEC FORM 3X	AN	PORT OF D DISBUR ther Than An Auth	SEMENT	s	2042 A	RECEIVER UGI6 AM 8:38
1. NAME OF COMMITTEE (in full)	TYPE	OR PRINT V	Example: If typover the lines.	ping, type	12FE4M5	MAIL CENTER
VIDITIE, PROG	LESS			L		
	1 1 1 1					
ADDRESS (number and stre	eet)	1 8 15 0 UT IH	A I LINIDI I A	NIUITIC	$- \mathcal{L} = \mathcal{B} _{\mathcal{L}} v \mathcal{D} $. <u></u>
Check if different		UIITIEI 1602		<u> </u>		
reported. (ACC)		AIRIEIMIONIT				
2. FEC IDENTIFICATIO	on numbei	R▼	Y A			
C00522	565	3. IS R	EPORT X	NEW (N) OR	AMENDE (A)	D
4. TYPE OF REPOR (Choose One) (a) Quarterly Reparts: April 15		Report Due On: Mar	20 (M2) 20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M1)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Rej July 15 Quarterly Rej October 15 Quarterly Rej	port (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (1) Convention	1 (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Re	port (YE)	Electio		/ D D /	Y Y Y Y	in the State of
July 31 Mid-1 Report (Nor- Year Only) (N	Year election	(d) 30-Day POST-Election Report for the:	General (3	0G)	Runoff (30R)	Special (30S)
Termination F (TER)	Report	Election			r v insi v oli v oli v oli v	in the State of
5. Covering Period		\circ	through		30.20	,
Type or Print Name of Tre Signature of Treasurer	easurer	Santiago S	octer	C	Date 08	s ć ' ž o l ž
NOTE: Submission of false, Office Use Only	, erroneous, o	or incomplete information	n may subject the p	erson signing t	1 1	Ities of 2 U.S.C. §437g. C FORM 3X Rev. 12/2004

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	- FEC Form 3X (Rev. 02/2003)	OF RE	SUMMARY PAGE CEIPTS AND DISBURSEMENTS	Page 2
M	/rite or Type Committee Name	Vote	PROGRESS	
R	eport Covering the Period: From:	м м / О 6	05 2012 T	06302012
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand y y y y January 1, O		,	Ο,,.
	(b) Cash on Hand at Beginning of Reporting Period	. D .	 	
	(c) Total Receipts (from Line 19)	. 0	 	0, , , , , , ,
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	-	n de la seconecte de la factor dont e la completa de los partes de la completa d	0,,,,
7.	Total Disbursements (from Line 31)	. 0	, , , ,	Ο,,.
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. D	, , , ·	Ъ,,,,
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	. D	y y •	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. 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

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DETAILED SUMMARY PAGE of Receipts Page 3					
Write or Type Committee Name	PROGRESS				
Report Covering the Period: From: O	05 2012 To: 06 3	o zolž			
I. Receipts		.UMN B Year-to-Date			
 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Iternized (use Schedule A) (ii) Unitamized	D,,, D,,, D,,	, - , -			
Lines 11(a)(i) and (ii)▶ (b) Political Party Committees	D,,,, D,, D,,	··· • • • • • • • • • • • • • • • • • •			
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0,,,, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	<i>D</i> , , , , , <i>D</i> , , , , , , , , , , , , , , , , , , ,	, •			
Party Committees	0,,, 0, 0,,, 0,	, •			
 Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) 	O., ., .,	 . .			
 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal Candidates and Other 	σ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3			
Political Committees 17. Other Federal Receipts (Dividends, Interest, etc.)	0,,, 0,	. , · ·			
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 	ο, , , , , , , , , , , , , , , , , , ,	9 •			
(from Schedule H3)	D,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · ·			
(c) Total Transfers (add 18(a) and 18(b))	D	5			
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	0,,,,,0,,,	27			
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

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DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Tof Disbu	Iseme	ms				Pa	ge 4			
	II. Disbursements		COLUMN A Total This Period					COLUMN B Calendar Year-to-Date					
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal				Period		<u>ا</u>	Calend	ar tear-to-				
	Activity (from Schedule H4) (i) Federal Share	0	, ·	•• •			Ò	,	,	· •·			
	(ii) Non-Federal Share	0	· . · ·				\circ						
	(b) Other Federal Operating	\sim	3 '	· •		•		y , .	· •	•			
	Expenditures	D					D						
	(c) Total Operating Expenditures	Ŭ.,	,		•	- · ·	\mathcal{O}	,	7				
	(add 21(a)(i), (a)(ii), and (b))	D		_			D						
2.	Transfers to Affillated/Other Party		· "	7 ·		•		- '	. 7	•			
	Committees	D.				· -	0		. .	_			
3.	Contributions to Federal Candidates/Committees)	,				· ,	, , ,				
	and Other Political Committees	O.	_	-			0		_				
4.	Independent Expanditures		,	2.			Ŭ.			•			
	(use Schedule E)	D.				•	0						
5.	Coordinated Party Expenditures	•	· • •	,		•		y .	• •	•			
	(2 U.S.C. §441a(d)) (use Schedule F)	D.					6			•• •			
		U .	,	7	•	•	U	,	· · · •	•			
;	Loan Repayments Made	0					D						
		U	,	"		•		J	7.	•			
7	Loans Made	0.					0						
	Refunds of Contributions To:		, , , , , , , , , , , , , , , , , , , ,	,				<u>,</u>					
	(a) Individuals/Persons Other Than Political Committees	\cap	••		• •	· · ·	0						
		U		·· · · •	· · · ·	** <u>*</u>	U	· · · · ·	,				
	(b) Political Party Committees	ک		•		·		•	• •	•• ·			
	(c) Other Political Committees	, О -	71 . "	(7	· ·	•	0			••. •			
	(such as PACs)	ίn		• .	• •		0	•••	• •				
		U.	,	7		•••	Ų	7	• 7 • • •				
	(d) Total Contribution Refunds												
	(add Lines 28(a), (b), and (c))▶	\mathbf{h}				•	٦ م						
		\mathbf{O}	'9 '	·)		•	D	· •	• 7	•			
2	Other Disbursements	D	·				~						
0.		U	7	1	•	•1	D	,	7	· •			
n	Federal Election Activity (2 U.S.C. §431(20))												
0.	(a) Allocated Federal Election Activity												
	(from Schedule H6)												
	(i) Federal Share	\bigcirc					Δ						
	(I) Federal Share	U	3	7		•	U	,	· •	•			
	(il) "Levin" Share	0		••			<u>A</u>						
	.,	0	,	,		•	U	7	· , ,	•			
	(b) Federal Election Activity Pald Entirely	~				•	\wedge			•			
	With Federal Funds	0	,	۰,		•	0	7	,	•			
	(c) Total Federal Election Activity (add	\mathbf{n}				•	А		• •				
	Lines 30(a)(i), 30(a)(ii) and 30(b))►	D .	,	,		-	D	• •	7 ·	•			
	Total Dishurananta (add these offs) of												
Ι.	Total Disbursements (add Lines 21(c), 22,	_					~						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0	.9	· •		•	0	,	•				
_			•	•					,				
2.	Total Federal Disbursements												
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	-					~						
	from Line 31)	D	y .	,		-	\mathcal{D}	,		_			

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DETAILED SUMMARY PAGE

EC Form 3X (Rev. 02/2003)

of Disbursements

	Page 5
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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Ο,,,	Ο,,,.
D,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D,,,
Ο,,.	0,,,
б,,,	O ., , , , , ,
	Total This Period 0 0 0 0 0 0 0 0 0 0 0

SCHEDULE A (FEC Form 3X)	f	FOR LINE NUMBER: PAGE OF							
	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)							
ITEMIZED RECEIPTS	for each category of the								
	Detailed Summary Page								
Any information copied from such Reports and Statements	may not be sold or used by any pe								
or for commercial purposes, other than using the name and	address of any political committee	to solicit contributions from such committee.							
VOTE PR	20616555								
/									
Full Name (Last, First, Middle Initial)									
A	······································	Date of Receipt							
Mailing Address		MATA DD / Y Y Y Y							
City State	Zip Code	- MIT							
City State		America of Freek Development							
	· · · · · · · · · · · · · · · · · · ·	Arnount of Each Receipt this Period							
FEC ID number of contributing	-	\land							
federal political committee.									
Name of Employer Occupat	ion	1							
Receipt For: Aggrega	te Year-to-Date ▼	7							
Primary General									
Other (specify) 🔻	. S								
		· · · · · · · · · · · · · · · · · · ·							
Full Name (Last, First, Middle Initial)									
B		Date of Receipt							
Mailing Address		M AND D / Y Y Y							
City State	Zin Codo	-1 $M/-4$							
City State	Zip Code								
	· · · · ·	Amount of Each Receipt this Period							
FEC ID number of contributing	· ·	D							
federal political committee.									
Name of Employer Occupat	ion	7							
	te Year-to-Date ▼	_							
Primary General	• . •								
Other (specify) 🐺	n in the second second								
Full Name (Last, First, Middle Initial)		Data of Develot							
C. N//A Mailing Address	· · · · · · · · · · · · · · · · · · ·	Date of Receipt							
Manny Address									
City State	Zip Code	- MA							
		Amount of Each Receipt this Period							
	· · · · · · · · · · · · · · · · · · ·								
FEC ID number of contributing federal political committee.		O , , .							
Name of Employer Occupat	ion								
		_							
	te Year-to-Date ▼								
Primary General	a a the second a second								
Other (specify) 🔻	21. 21. 1 F								
		<i>₽</i>							
SUBTOTAL of Receipts This Page (optional)									
TOTAL This David (last page this line symbol such	<u>_</u>	$\hat{\boldsymbol{n}}$							
TOTAL This Period (last page this line number only)	••••••	V , , , , ,							

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SCHEDULE B (FEC Form 3X)		FO	RLI	INE NUMBER: PAGE O)F				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		eck d	only o	inly one)						
	Detailed Gummary Page		$-\frac{2}{2}$	16 7	22 28a	\vdash	23 28b	24	\vdash	25 29	
Any information copied from such Reports and State	ments may not be sold or used	i l l hv e				0117					
	for commercial purposes, other than using the name and address of any political committee										
NAME OF COMMITTEE (In Full)											
	VOTE PROGRESS										
Full Name (Last, First, Middle Initial)				- T							
Α.					Date o	f Di	sburse	ment			
Mailing Address	NI				"N/	Ϊ <u>λ</u> ΄	D.	D. /	Y Y	Y	Y.
Malling Autress					JU	T					
City	State Zip Code										
Purpose of Disbursement				_							
rupuse of Disbursement					Amoun	t of	Each	Disburs	smen	t this	Period
Candidate Name		Category/			0,,,,						۰,
		Тур			0	•) .	7	Ĵ	. ` . !	• ! •
Office Sought: House Disburse	ement For: Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) B.					Date o		shurea	mont			
5.	N/A			ļ					Y Y Y Y		
Mailing Address					_N(7	4	-			•	•
City	State Zip Code			4							
	State Zip Code										
Purpose of Disburgement											
Candidate Name					Amount of Each Disbursement this					t this	Period
	Category/ Type				D , , .						
	ement For:			-	. •			,			
Senate President	Primary General										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				+							
С.	1//			1	Date o	f Di	sburse	ment			
Mailing Address	_N(/+			\neg	<u>"</u> , M	۲۲'	, ⁰	0 /	V Y	Y	¥ .
					ן יע	4					
City	State Zip Code										
Purpose of Disbursement	<u> </u>										
				Amount of Each Disbursement th		Each	Disburs	men	t this	Period	
Candidate Name		Categ					. ¹ .				
Office Sought: House Disburse	ement For:	Тур	96	_	$\mathcal{O}_{\mathbb{C}}$,	7	·	· •	
Senate	Primary General										
President	Other (specify)										
State: District:		· · ·				_					
CUDTOTAL of Disburgerents This Date (anti-					\wedge						
SUBTOTAL of Disbursements This Page (optional).)	-	2		ب ر ا	,		•	
TOTAL This Period (last page this line number only	Ŋ		🕽	•	\mathcal{O}		,	·· 5			

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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) UOTE PROGRESS	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ILA	Primary
	General Other (specific)
Mailing Address	Other (specify)
City State	ZIP Code
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
TERMS	rde Due Interest Date Secured.
Date incurred Da ש מ יֹי א א א א א א א א א א א א א א א א א א	ate Due Interest Rate Secured:
	(apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
· Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed O Outstanding: O
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Arrount Guaranteed O Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed 0 Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	λ , , ,
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

Supplementary for Information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFIC	ATION NUMBER
VOTE PROG		COOS	22565
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest	Rate (APR)
Full Name N/A		•	- %
Mailing Address		M M / D D	/ Y Y Y Y
	Date Incurred or Established	M M / D D	
City State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurred	עס ע גע זע W	/ ¥ ¥ ¥¥
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	2 2 .	
C. Are other parties secondarily liable for the debt incurr No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)		
 D. Are any of the following pledged as collateral for the property, gbods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes Yes, specify: 	i deposit, chattel papers, r similar traditional collateral?	What is the value of this poes the lender have a nterest in it?	•
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes, s	est income, pledged as	What is the estimated v	alue?
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:		
W M / D / Y Y Y Y	City, State, Zip:	<u></u>	<u> </u>
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 a was made and the basis on whi	mount pledged does no h it assures repayment	t equal or exceed
G. COMMITTEE TREASURER		DATE	
Typed Name Signature	·	₩ ₩4 / DD ,	YYYYY
H. Attach a signed copy of the loan agreement.		· · · · · · · · · · · · · · · · · · ·	
 TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the teare accurate as stated above. 			
 II. The iban was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C 	f comparable credit worthiness. a loan must be made on a basis	which assures repayme	
AUTHORIZED REPRESENTATIVE		DATE	· · ···
Typed Name Signature	tle	명 19 / 19 년 ·	, , , , , , , , , , , , , , , , , , ,
			· · · ·

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	· · · · · · · · · · · · · · · · · · ·	lse separate	PAGE OF			
DEE	ITS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9			
Excl	uding Loans nu	imbered line)				
NAN	E OF COMMITTEE (In Full) UDTE PROGRESS					
L/	. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):			
	NA					
Ī	lailing Address	-				
ī	ity State Zip Code	-				
ł	Outstanding Balance Beginning This Period					
Ì						
	Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period			
			7 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1			
Ē	. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):			
	NA					
h	lailing Address	-				
T	ity State Zip Code					
┢	Outstanding Balance Beginning This Period		<u></u>			
	Amount Incurred This Period Payment This Period	Outetendi	ng Balance at Close of This Period			
	, , . . , , , .		, , ·			
	Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):			
	NA					
Ī	lailing Address	-1.				
ŀ	ity State Zip Code	-				
F	Outstanding Balance Beginning This Period					
Í	ð , ,					
	Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period			
	6,, . D, , .	Ò	7 7			
1)	SUBTOTALS This Period This Page (optional)	0	, s , s , e ,			
2)	TOTALS This Period (last page this line number only)	· እ	3 9			
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	Ō				
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\overline{O}				

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES			PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN Full) UOTE PROGRES	S		FEC IDENTIFICATION NUMBER ▼ COOSZZS65
Check if 24-hour report 48-hour report	report Amends repor	t filed on	
Full Name (Last, First, Middle Initial) of Payee	أجرد ويتعاديهم المتبتهي بيريده		
Mailing Address		Date	
Maining Address		Amou	
City State	Zip Code	0	n ta kali kata da kata Kata da kata da
Purpose of Expenditure	Category/ Type	Office Sough	ht: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expendit	ure:	Check One:	President Support Oppese
Calendar Year-To-Date Per Election for Office Sought	elengele kontreg <u>Allen A</u> llen ¹	Disbursemer	ht For: Primary General Cher (specify)
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address	<u> </u>	Amou	
City State	Zip Code	$\neg O$	n na serie a construction de la
Purpose of Expenditure	Category/ Type	Office Sough	ht: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expendit	ure:	Check One:	President Oppose
Calendar Year-To-Date Per Election	n gengenzen egener 11 August - August -		nt For: Primary General ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		► <u>0</u>	in al in a carlored i according Factored i according according
(b) SUBTOTAL of Uniternized Independent Expenditures		· · •	nu kansu kanyang kukukangnya Kalang punakang kang kang kang
(c) TOTAL Independent Expenditures		► 0	ente en la la tradición de la composition de la difición de La composition de la seconda de la composition de la composition de la composition de la composition de la comp
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.	zed committee or agent of	either, or (if	the reporting entity is not a political
Signature	Date	08	06 20 (2

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FEC Schedule E (Form 3X) Rev. 07/2011

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OF DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X NAME OF COMMITTEE (In Full) VOTE PROGRESS Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? XNO YES Mailing Address If YES, manne the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date State City Zip Code м 0...0 Y Y Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: **Presidential** 9 Aggregate General Election ۰. . Expenditure for this Candidate > 2. . . . 7 . Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code City Y Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > • 2 . **y**. . • Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date Citv State Zip Code м Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential γ. Aggregate General Election Expenditure for this Candidate 🕨 • . 0 SUBTOTAL of Expenditures This Page (optional)..... 6

FEC Schedule F (Form 3X) Rev. 02/2009

PAGE

OF

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)

VOTE PROGRESS

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

or		
If the committee is sp	ending more than 50% fede	eral funds, indicate ratio below
Federal		ne este sue sue sue sue s 1
Nonfederal.		ey en la care de la care de 19 00. Buen estas en 1900 de 1
This ratio applies to (check all that apply):	

SCHEDULE H2 (FEC Form 3X) _ ----

ALLOCATION RATIOS		PAGE OF					
NAME OF COMMITTEE (In Full) VOTE PROGRESS							
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.							
Methods of allocation:							
 FUNDFIAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised. 	nod" where the federal pro-	portion 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 m are allocated using a time/space method.	t derived by federal candid unications or voter drives	lates from the ac- that refer to both					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:	gen generation of the						
CHECK IF THE RATIO IS:	1	%					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER NA	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:	**************************************	gravence ang					
CHECK IF THE RATIO IS:	8	1					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER							
NA	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:							
CHECK IF THE RATIO IS:	8	ha a th tail a 🏤 🖓 🖓					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
	the second second	n an an eo an trainn. A					
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:							
ACTIVITY OR EVENT IDENTIFIER							
NIF	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:		n un nu articular Alticular					
CHECK IF THE RATIO IS:	····· %	%					
New Revised Same as Previously Reported							

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

PAGE OF

					_
FOR	LINE	18a	OF	FORM	3>

1

T

NAME OF ACCOUNT	DATE OF RECEIPT	т	TAL AMOU		SFERRED
NAME OF ADDODUNY	M M / D D / Y Y Y	0	. ¹ ·	·)	
BREAKDOWN OF TRANSFER REC	EIVED				
i) Total Administrative		()	· 2	2.	•
ii) Generic Voter Drive				• J •	_
		\mathbf{D}	,		
			7 , '	. •*	· "
iv) Direct Fundralsing (List Activity	or Event Identifier)				
a)	O , , .				
b)					
U)	0 , , ,				• .•
c) Total Amount Transferred For	Direct Fundralsing	D	. r	·,	• . •
v) Direct Candidate Support (List	Activity or Event Identifier)				
a)	······································				
b)		•			
c) Total Amount Transferred For	Direct Candidate Support	Ó		,	•
vi) Bublic Communications Bater	ring Only to Party (Made by PAC)	O	_	• •	
	TOTALS FOR BREAKDOWN OF TRANSFER RECE		, .	,	
TAL This Period (Administrative)	······	9]	.•.		
TAL This Period (Generic Voter Drive	»	· •	••••••		
TAL This Daried (Example Activities)		. •	• •	·.	
		, · ·	,	• .	
TAL This Period (Direct Fundraising)		7 ··	,	· •. ·	
TAL This Period (Direct Candidate S	upport)Ö		7	•	
		\wedge			
TAL This Period (Public Communicat	ions Referring Only to Party)	U .	, .	y	•

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED

FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 21a OF FORM 3X

	ME OF COMMITTEE (In Full) VOTE PROGRESS		
L	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exemp
	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:	0-1	· · · · · · · · · · · · · · · · · · ·
		Category/ Type	вм/рр/чччч Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	\mathcal{O} , \mathcal{O} , ,		<i>O</i> , <i>a</i> , <i>b</i>
	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · ·	Allocated Activity or Event:
	Mailing Address	Administrative Fundraising Exem	
	-		Voter Drive Direct Candidate Suppo
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Aflocated Activity or Event Year-To-Date
	Activity or Event Identifier:		5
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	
	D,,, O,,	· . .	0, , , , , , , , ,
	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exem
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		\$ 5 × 7
	Activity of Event Identifier.	Category/ Type	ылым / в b / y y y y Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	\wedge		\wedge
		•	
SL	BTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
_	Ο,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		O , , ,
rC	TAL This Period (last page for each line only)(Federal share to 21(a)(l) and FEDERAL SHARE NONFEDERAL		are to 21(a)(ii)) TOTAL AMOUNT
	∂		6

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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 L	ocal Party Committees Oniv)	PAGE OF
		FOR LINE 18b OF FORM 3>
NAME OF COMMITTEE (In Full)	e progress	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NA	M M I / D / Y Y Y Y	Ο,,
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for	VOTER REGIST	RATION .
ii) Voter ID Total Amount Transferred for V	Voter ID	AOTER ID
iii) GOTV	GOTV	GOTV
	0	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for	Generic Cæmpaign Activity) , , , , , , , , , , , , , , , , , , ,
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM/DD/YYYY	O , , , , , , , , , ,
BREAKDOWN OF THIS TRANSFER		
I) Voter Registration Total Amount Transferred for	VOTER REGIST	an ei ei
ii) Voter ID Total Amount Transferred for		ACTER ID
iii) gotv	доту	GOTV
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for	Generic Campaign Activity	5,,.
TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVED (I	Last Page Only)
TOTAL This Period (Voter Registration	on)	· · ·
TOTAL This Period (Voter ID)	ологи,	· .g. •.
TOTAL This Period (GOTV)		ng na hang ng n Ng ng
TOTAL This Period (Generic Campa	ign Activity)	σ,,.
TOTAL This Period (Total Amount 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 FOR LINE 30a OF FORM 3X

OF

Mailing Address Allocated Activity or Event Year- City State Zp Code Purpose of Diabursement Category/ Type I ii / b b / Y FEDERAL SHARE + LEVIN SHARE = Total Address Type of Allocated Activity or Event Mailing Address Type of Allocated Activity or Event Mailing Address Type of Allocated Activity or Event Mailing Address Allocated Activity or Event City State Zp Code Purpose of Diabursement Category/ Type Type of Allocated Activity or Event Purpose of Diabursement Category/ Type Type of Allocated Activity or Event Voter Registration a ii / o o / Y Date Type of Allocated Activity or Event Voter Registration a ii / o o / Y Date Type of Allocated Activity or Event Nalling Address Type of Allocated Activity or Event Nulling Address Type of Allocated Activity or Event		······································	L
A. Full Name (Last, First, Middle InNial) / Full Organization Name Type of Allocated Activity or Event: Nating Address			
Walling Address Work Registration Gene Utage State Zap Code Allocated Activity or Event Year- City State Zap Code Image: State Image: State Image: State Purpose of Disbursement Categony/ Date Image: State Image: State </th <th></th> <th></th> <th></th>			
NAL Image: Carlegony' Image: Carlegony' Allocated Activity or Event Year- Carly State Zip Code Image: Carlegony' Image: Carlegony' Purpose of Disbursement Carlegony' Image: Carlegony' Image: Carlegony' Image: Carlegony' B. Full Name (Last, First, Middle Initia) / Full Organization Name Type of Allocated Activity or Event Year- Image: Carlegony' Image: Carlegony' Malting Address Image: Carlegony' Image: Carlegony' Image: Carlegony' Image: Carlegony' Malting Address Image: Carlegony' Image: Carlegony' Image: Carlegony' Image: Carlegony' Malting Address Image: Carlegony' Image: Carlegony' Image: Carlegony' Image: Carlegony' Malting Address Image: Carlegony' Image: Carlegony' Image: Carlegony' Image: Carlegony' Purpose of Disbursement Carlegony' Image: Carlegony' Image: Carlegony' Image: Carlegony' Year Year Year Year Year Year Year C. Fuil Name (Last, Firet, Middle Initia) / Fuil Organization Name Image: Type of Allocated Activity or Event: Image: Type of Allocated Activity or Event: Image: Type of Allocated Activity	A. Full Name (Last, First, Middle Initial) / Full Organization Name		
Mailing Address Allocated Activity or Event Year- City State Zp Code Purpose of Diabursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = Total AMOUNT - - B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: - Mailing Address - - - - City State Zp Code - - Purpose of Diabursement Category/ Type - - - FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT - - - - - - FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT - - - - - - C. Full Name (Last, First, Middle Initial) / Full Organization Name - Type of Allocated Activity or Event: - Mailing Address - - - - - - C. Full Name (Last, First, Middle Initial) / Full Organization Name - Type of Allocated Activity or Even	1		
City State Zp Code	N/4		
City State Zep Code : <td:< td=""> : :</td:<>	Mailing Address		Allocated Activity or Event Year-To-Date
Purposes of Diabursement Cetagory/ Type u u / v / v FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 2 2 2 2 2 2 B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Weter Registration Gene Mailing Address Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Gene Mailing Address Category/ Type of Allocated Activity or Event: Category/ Date Purpose of Diabursement Category/ Type of Allocated Activity or Event: Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 7 7 7 7 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Usite Registration Gene Mailing Address	Ph. Data		
Pulpose of Discursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Mailing Address			
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 3 7 7 7 7 7 B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Gene Mailing Address 2ip Code 1 1 0 1 7 Cay State 2ip Code 1 1 0 1 1 Purpose of Diabursement Category/ Date 1 2 7 <td< td=""><td>Purpose of Disbursement</td><td></td><td>Date</td></td<>	Purpose of Disbursement		Date
B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Waiting Address	FEDERAL SHARE + LEVIN		= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Mailing Address			
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Mailing Address Allocated Activity or Event Year- Caty State Zip Code Purpose of Diabursement Category/ Type It It / 0 0 / Y FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 7 7 7 7 7 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Gene Mailing Address City State Zip Code 7 7 7 City State Zip Code - - - - - Mailing Address City State Zip Code - - - - Purpose of Diabursement Category/ Date -	B. Full Name (Last, First, Middle Initial) / Full Organization Name		1
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Mailing Address Allocated Activity or Event Year- Cdy State Zip Code Purpose of Diabursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = 7 7 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Mailing Address Type of Diabursement Category/ Type Type of Allocated Activity or Event: Mailing Address City State Zip Code 7 Purpose of Disbursement Category/ Type Date 7 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 9 : FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT <tr< td=""><td>NA</td><td></td><td></td></tr<>	NA		
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Purpose of Disbursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT j j j j j j C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Mailing Address N/A Purpose of Disbursement Voter Registration Gene Mailing Address - - - - - City State Zip Code - - - Purpose of Disbursement Category/ - - - - FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 - - - - - - BITOTAL of Shared Federal and Levin Activity This Page = TOTAL AMOUNT -			
Category/ Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 7 7 7 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Type of Allocated Activity or Event: Voter Registration Mailing Address N//// Allocated Activity or Event Year- City State Zip Code 7 Purpose of Disbursement Category/ Type Date Allocated Activity or Event Year- Purpose of Disbursement Category/ Type Date 7 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 3 3 2 7 IBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 3 3 2 3 3 3 3 IBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 3 3 3 3 3 3 IBTOTAL SHARE + LEVIN SHARE			
Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 7 7 7 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration Gene Mailing Address Mailing Address Type of Disbursement Gene Allocated Activity or Event Year- City State Zip Code 7 7 Purpose of Disbursement Category/ Type D 7 Y FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 : : 0 ; ? BTOTAL of Shared Federal and Levin Activity This Page : : 0 ; ? FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT ; ? ? BTOTAL of Shared Federal and Levin Activity This Page ; ; ? ; ? ? C. ; : : : : : ? ? ? BTOTAL of Shared Federal and Levin Activity This Page : :	Purpose of Disbursement	Category/	
7 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Mailing Address Voter Registration Mailing Address Allocated Activity or Event Year- City State Zip Code Purpose of Disbursement Category/ Type a H / D. D. / Y Date ToTAL AMOUNT O , , BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TAL This Period (last page for each line only)(Federal share to 30(a)(l) and Levin share to 30(a)(li)) FEDERAL SHARE , ,			
3 3 7 C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Mailing Address Voter ID Mailing Address Allocated Activity or Event Year- City State Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O ; STAL This Period (last page for each line only)(Federal share to 30(a)(i)) FEDERAL SHARE	FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name			·
Mailing Address Voter Registration Gene Mailing Address Allocated Activity or Event Year- City State Zip Code z Purpose of Disbursement Category/ Type D / Y FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 z z z z IBTOTAL of Shared Federal and Levin Activity This Page = TOTAL AMOUNT z z 0 z z z z z z z Voter Registration Q z z z z z z Purpose of Disbursement Category/ Type Date z <		· · · · ·	
Mailling Address Imailling Address City State Zip Code Purpose of Disbursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	C. Full Name (Last, First, Middle Initial) / Full Organization Name		
City State Zip Code : : Purpose of Disbursement Category/ Type Date Image: Category/ Date Image: Category/ Date<	,///\		
City State Zip Code Purpose of Disbursement Category/ Type D FEDERAL SHARE + LEVIN SHARE FEDERAL SHARE + LEVIN SHARE IBTOTAL of Shared Federal and Levin Activity This Page - FEDERAL SHARE + LEVIN SHARE IBTOTAL of Shared Federal and Levin Activity This Page - FEDERAL SHARE + LEVIN SHARE O - - O -	N(18	•	
Purpose of Disbursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O , , , , , , IBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O , , , , , , , VITAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT , , , VITAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT ,	Mailing Address		Allocated Activity or Event Year-To-Date
Purpose of Disbursement Category/ Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O , , , , , , IBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O , , , , , , , VITAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT , , , VITAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT ,	City State Zin Code		
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0 ,			
Type Date FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O , , , , , , IBTOTAL of Shared Federal and Levin Activity This Page , , , , , IBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O , , , , , , , , VTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT , , , O , , , , , , ,	Purpose of Disbursement	Category/	
O 7 IBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O 0 FEDERAL SHARE TOTAL AMOUNT		Туре	
BETOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O, , , , , , , , , , , , , , , , , , ,	FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
BETOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT O, , , , , , , , , , , , , , , , , , ,	00.		0
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT	• • • •	· · ·	- · · · · · · · · · · · · · · · · · · ·
O O O ATAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT O			
TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT	0	• •	0
FEDERAL SHARE TOTAL AMOUNT		and Levin share to	
$\mathbf{\lambda}$			
	\wedge	CHADE	∂
O , , LEVIN SHARE C , ,	C ; ; LEVIN	SHAKE	· , , , ,
VTAL This Period for the Levin Share	TAL This Period for the Levin Share	· ·	

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FEC Schedule H6 (Form 3X) Rev. 02/2003

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

NAM	E OF COMMITTEE (In Full)	TE	PROGRESS				
NAM	NAME OF ACCOUNT N/A						
			COLUMN A TOTAL THIS PERIOD			DLUMN B R-TO-DATI	5
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)	0	· · · · · · · · · · · · · · ·	0	5	7	•
	(b) Uniternized	D	an a	Ó	, 7	. ,	•
	(c) Total	O	· · · · · · · · · · · · · · · · · · ·	0.	3	5 .	_ •
2.	OTHER RECEIPTS	Ô	n an	0	1 1 1		
3.	(Add Lines 1c and 2)	0	5 9 •	Ō	,		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	0	7 1 •	0	· •	,	•
	(b) Voter ID	Ò	, , , , , , , , , , , , , , , , , , ,	Ø	, , , ,	,	·•· ·
	(c) GOTV	0.	n an an thair an an thair an t An thair an t	0	بر ور در		
	(d) Generic Campaign	0	3 3 • •	0	· · ·	, ,	•
	(e) Total	0		0	۶.,	7	
5.	OTHER DISBURSEMENTS	0	, , , , , , , , , , , , , , , , , , ,	0	,	7	
6.	TOTAL DISBURSEMENTS	6	, , .	б	· •	,	· • · ·
7.	BEGINNING CASH ON HAND	0	2 3	0	·	, , ,	
8.	RECEIPTS	0	• • • • • • • • • • • •	0			urtu Nor∎ina
9.	SUBTOTAL (Add Lines 7 and 8)	0	3 3 -	0	5	· · · · · · · · · · · · · · · · · · ·	•
10.	DISBURSEMENTS	0		0	J	 ¥	•
11.	ENDING CASH ON HAND	6		6	7	· y ·	•

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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

FOR	LINE	NUME	BER
(chec	k only	y one)	

PAGE

OF

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\rangle	NAME OF COMMITTEE (IN Full) VOTE PROGRESS	
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
A .	N/A-	M M A D D / Y Y Y
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	· · · ·
		Aggregate Year-to-Date
	Occupation	0,,.
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
B.	Mailing Address	M MAD D / Y Y Y Y
	maning united	
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	Aggregate Year-to-Date
	Occupation	0,,,
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
C.	NE	MA D V V V V
	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	0,,.
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
D.	NA	
	Mailing Address	· · · · · · · · · · · · · · · · · · ·
		Amount of Each Receipt this Period
	City State Zip Code Name of Employer or Principal Place of Business	0,,,
	ואפאוס עו בתקוטיצטו טו רווויטיאטו רופטס טו בעפוווסטא	Aggregate Year-to-Date
	Occupation	0,,.
s	UBTOTAL of Receipts This Page (optional)	Q.,,,
T	OTAL This Period (last page this line number only)	<i>Ò</i> , , ,

FEC Schedule L-A (Form 3X) Rev. 02/2003

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:	PAGE
(check only one)	4a

4a 4c 4b 4d 5

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NAME OF COMMITTEE (In Full)	JOTE PROGRESS	
Full Name (Last, First, Middle Initial) / A.	Full Organization Name	Date of Disbursement
Mailing Address	** **********************************	
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		0,,
Full Name (Last, First, Middle Initial) / B	Full Organization Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / C.	Full Organization Name	
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Dislogement		
Full Name (Last, First, Middle Initial) / D.	Full Organization Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		0,,
Full Name (Last, First, Middle Initial) / E.	Full Organization Name	Date of Disbursement
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USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirmation [™] Label	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next E	Business Day Delivery
Received from House Records & Registration Offic	Date of Receipt e
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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PREPARER (3/2005)	DATE PREPARED