

Building Legacies through Personal Humility and Inspired Learning

8625 Tamiami Trail North • Suite 500 • Naples, FL 34108 • Phone: 239-659-5288 • Fax: 239-659-5388

題140CT 14 AM 10:39

FEC MAIL CENTER

October 10, 2014

#### **VIA FEDEX**

Federal Election Commission 999 E Street, N.W. Washington DC 20463

RE:

InfiLaw Corporation PAC

October 15, 2014 - Quarterly Report Filing

Dear Sir or Madam:

Enclosed for filing is the FEC Form 3X – Report of Receipts and Disbursements for the October 15, 2014, 3<sup>rd</sup> quarter report filing for the InfiLaw Corporation PAC.

If you have any questions or need any further information regarding this filing, please call me at 239-325-4401.

Thank you.

Sincerely,

Joan Lancellot
Assistant Treasurer

**Enclosure** 

Cc: Jay Rossello

# 1403 - 170 - NOTO

FE6AN026

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2914 OCT 14 AM 10: 39

| 1. | LOnic | e/Uge | <b>I</b> Φnly≏ | 5 | 4.1 | TI | <u>.</u> . |
|----|-------|-------|----------------|---|-----|----|------------|
|    |       |       |                |   |     |    |            |
|    |       |       |                |   |     |    |            |

| NAME OF     COMMITTEE (in full)                 | TYPE OR PRINT ▼                    | Example: If to over the lines |                                | L2FĚ4M5         |  |
|---|------------------------------------|-------------------------------|--------------------------------|-----------------|--|
| InfiLaw Corporation                             | <sub>.</sub> РАС , , , , , , ,     | <u> </u>                      | <u> </u>                       |                 |  |
|   |                                    |                               | 11111                          |                 |  |
| ADDRESS (number and stre                        | et) 8625 Tamiami                   | Trail North, Suite            | 500                            |                 |  |
| Check if different than previously              | <br> Naples                        |                               | <del>.   .   .   .   .  </del> | <u> </u>        | 14400  |
| reported. (ACC)                                 |                                    | <u> </u>                      |                                |                 | 4108   -   -                                       |
| 2. FEC IDENTIFICATIO                            | N NUMBER ▼                         | CITY A                        | S                              | TATE A          | ZIP CODE A   |
| C 00554642                                      |                                    | 3. IS THIS REPORT             | NEW<br>(N) <b>OR</b>           | AME (A)         | NDED   |
| 4. TYPE OF REPORT                               | T (b) Monthly Report               | Feb 20 (M2)                   | May 20 (M5)                    | Aug 2           | 0 (M8) Nov 20 (M11) (Non-Election Year Only)       |
| (a) Quarterly Reports:                          |                                    | Mar 20 (M3)                   | Jun 20 (M6)                    | (m)             | 0 (M9) Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15 Quarterly Rep                          | nort (Q1)                          | Apr 20 (M4)                   | Jul 20 (M7)                    |                 | ) (M10) Jan 31 (YE)                                |
| July 15 Quarterly Rep                           | PRE-Elec                           | grang.                        | 1                              | General (1      | 5=4  |
| October 15 Quarterly Rep                        | Report for                         | r the: Convention             | on (12C)                       | Special (12     | 2S)  |
| January 31<br>Year-End Rep                      | port (YE)                          | Election on                   |                                | *****           | in the<br>State of                                 |
| July 31 Mid-Y<br>Report (Non-c<br>Year Only) (N | election<br>(d) 30-Day<br>POST-Ele | land)                         | (30G)                          | Runoff (30      | R) Special (30S)                                   |
| Termination R<br>(TER)                          | Report for                         | Flection on                   |                                |                 | in the<br>State of                                 |
| 5. Covering Period                              | 07 01 20                           | 14 through                    | h 09                           | 30              | 2014   |
| I certify that I have examin                    | ned this Report and to the         | best of my knowledge a        | nd belief it is true           | e, correct and  | complete.  |
| Type or Print Name of Tre                       | Bradley E. D                       | avis, Treasurer               |                                | - <del></del>   |  |
| Signature of Treasurer                          | Bradley a                          | Elaven                        | Da                             | ate 1/0         | 10 2014  |
| NOTE: Submission of false,                      | erroneous, or incomplete inf       | formation may subject the     | person signing thi             | s Report to the | e penalties of 2 U.S.C. §437g.                     |
| Office<br>Use<br>Only                           |                                    |                               |                                |                 | FEC FORM 3X<br>Rev. 12/2004                        |

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

| InfiLaw | Corporation | า PAC |
|---------|-------------|-------|
|         |             |       |

Report Covering the Period:

From:

07 01 2014

30 '

|     |   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand  January 1,  2 0 1 4   |                         | 0                                 |
|     | (b) Cash on Hand at Beginning of Reporting Period   | \$ 11,510.00            |                                   |
|     | (c) Total Receipts (from Line 19)   | , \$ 4,892.00           | \$ 26,902.00                      |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)  | \$ 16,402.00            | \$ 26,902.00                      |
| 7.  | Total Disbursements (from Line 31)  | \$ 7,000.00             | \$ 17,500.00                      |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | \$ 9,402.00             | \$ 9,402.00                       |
| 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) | 0                       |                                   |

#### For further information contact:

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

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

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

FE6AN026

# HOOM - HINO - HINESO

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

## InfiLaw Corporation PAC

|     | I. Receipts   | COLUMN A   | COLUMN B   |
|-----|---|--|--|
|     | <u> </u>  | Total This Period  | Calendar Year-to-Date  |
| 11. | Contributions (other than loans) From:  (a) Individuals/Persons Other |  |  |
|     | Than Political Committees   |  |  |
|     | (i) Itemized (use Schedule A)   | 100.00   | 17,100.00  |
|     | ,   |  |  |
|     | (ii) Unitemized   | 4,792.00   | 9,802.00   |
|     | (iii) TOTAL (add  | 4,892.00   | \$26,902.00  |
|     | Lines 11(a)(i) and (ii)▶  |  |  |
|     | (b) Political Party Committees  | 0  | 0  |
|     | (c) Other Political Committees  |  |  |
|     | (such as PACs)  |  |  |
|     | (d) Total Contributions (add Lines                                    |  |  |
|     | 11(a)(iii), (b), and (c)) (Carry                                      | 4,892.00   | 26,902.00  |
| 12  | Totals to Line 33, page 5)  Transfers From Affiliated/Other           |  |  |
|     | Party Committees  | 0  | 0  |
|     | ·   |  |  |
| 13. | All Loans Received  | 0  | 0  |
|     |   |  |  |
|     | Loan Repayments Received  |  |  |
| 15. | Offsets To Operating Expenditures                                     |  |  |
|     | (Refunds, Rebates, etc.)  |  |  |
| 16  | (Carry Totals to Line 37, page 5) Refunds of Contributions Made       |  |  |
| 10. | to Federal Candidates and Other                                       |  |  |
|     | Political Committees  | 0  | 0  |
| 17. | Other Federal Receipts  |  |  |
|     | (Dividends, Interest, etc.)   |  |  |
| 18. | Transfers from Non-Federal and Levin Funds                            |  | Carrier Carrier Complete Company   |
|     | (a) Non-Federal Account   |  |  |
|     | (from Schedule H3)  |  |  |
|     |   |  |  |
|     | (b) Levin Funds (from Schedule H5)                                    |  |  |
|     | (c) Total Transfers (add 18(a) and 18(b))                             |  | 0  |
|     | (c) Total Transiers (and Tota) and Total)                             |  |  |
| 19. | Total Receipts (add Lines 11(d),                                      | lendandard i radia dadina dada dadinal                       |  |
|     | 12, 13, 14, 15, 16, 17, and 18(c))▶                                   | \$ 4,892.00  | \$ 26,902.00   |
| 20. | Total Federal Receipts  | لولية المحادثين في الرائد المعادلين عليه الموادية المستخصصات | and the second s |
|     |   |  | - Lenantant early and and all all and and all  |
|     | (subtract Line 18(c) from Line 19)▶                                   | \$ 4,892.00  | \$ 26,902.00   |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

|           | II. Disbursements  | COLUMN A<br>Total This Period  | COLUMN B<br>Calendar Year-to-Date  |
|-----------|--|--|--|
| 21.       | Operating Expenditures:  |  | Outeridat Teat-to-Date   |
|           | (a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)       |  |  |
|           | (i) Federal Share  | 0  | 0  |
|           |  |  |  |
|           | (ii) Non-Federal Share   |  |  |
|           | (b) Other Federal Operating  |  |  |
|           | Expenditures   |  |  |
|           | (c) Total Operating Expenditures                                       |  |  |
| 22        | (add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party |  |  |
| 22.       | Committees   | 0  | 0  |
| 23.       | Contributions to   |  |  |
|           | Federal Candidates/Committees and Other Political Committees           | 7,000.00   | 17,500.00  |
| 24.       | Independent Expenditures   |  |  |
|           | (use Schedule F)   | 0  | 0  |
| 25.       | Coordinated Party Expenditures (2 U.S.C. §441a(d))                     |  |  |
|           | (use Schedule F)   | 0  | 0  |
|           |  |  |  |
| 26.       | Loan Repayments Made   |  |  |
|           |  |  |  |
| 27.<br>28 | Loans MadeRefunds of Contributions To:                                 |  |  |
| 20.       | (a) Individuals/Persons Other  |  |  |
|           | Than Political Committees  |  |  |
|           | (b) Political Party Committees   | 0  | 0  |
|           | (b) Political Party Committees   |  |  |
|           | (such as PACs)   |  |  |
|           | (555) 45 (765)   |  |  |
|           | (d) Total Contribution Refunds   |  |  |
|           | (add Lines 28(a), (b), and (c))▶                                       | 0  | 0  |
|           |  |  |  |
| 29.       | Other Disbursements  | 0  | 0 ,  |
|           |  |  |  |
| 30.       | Federal Election Activity (2 U.S.C. §431(20))                          |  |  |
|           | (a) Allocated Federal Election Activity                                |  |  |
|           | (from Schedule H6)   | 0  | 0  |
|           | (i) Federal Share  |  |  |
|           | (ii) III evinll Chara  | 0  | 0  |
|           | (ii) "Levin" Share(b) Federal Election Activity Paid Entirely          |  |  |
|           | With Federal Funds   | 0  | 0  |
|           | (c) Total Federal Election Activity (add                               | 7  | The state of the s |
|           | Lines 30(a)(i), 30(a)(ii) and 30(b))                                   | 0  | 0  |
|           | 2  |  |  |
| 31.       | Total Disbursements (add Lines 21(c), 22,                              |  |  |
|           | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                               | \$ 7,000.00  | \$ 17,500.00   |
|           |  |  |  |
| 32.       | Total Federal Disbursements  |  |  |
|           | (subtract Line 21(a)(ii) and Line 30(a)(ii)                            |  |  |
|           | from Line 31)  | \$ 7,000.00  |  |
|           | Non Line 01/   | The state of the s | \$ 17,500.00   |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     |  |                               | - 3                               |
|-----|--|-------------------------------|-----------------------------------|
| III | . Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|     | Total Contributions (other than loans) (from Line 11(d), page 3)         | 4,892.00                      | 26,902.00                         |
| 34. | Total Contribution Refunds (from Line 28(d))                             | 0                             | 0                                 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 4,892.00                      | 26,902.00                         |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0                             | 0                                 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                 | 0                             | 0                                 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)               | 0                             | 0                                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| or           | y information copied from such Reports and St<br>for commercial purposes, other than using the | name and address of any political committee to | solicit contributions from such committee.   |
|--------------|--|--|--|
| ⇤            | NAME OF COMMITTEE (In Full)  |  |  |
| $ \rangle$   | InfiLaw Corporation Pa   | AC   |  |
|              | Full Name (Last, First, Middle Initial)<br>Heck, Andy  |  | Date of Receipt  |
|              | Mailing Address<br>5615 Lago Villaggio Way   |  | 0 7 1 7 2 0 1 4  |
|              | City   | State Zip Code                                 |  |
|              | Naples, FL 34101   |  | Amount of Each Receipt this Period   |
|              | FEC ID number of contributing federal political committee.                                     |  | \$ 100.00  |
|              | Name of Employer   | Occupation                                     |  |
|              | InfiLaw Corporation  | Director of Employee Relations                 |  |
|              | Receipt For:   | Aggregate Year-to-Date ▼                       |  |
|              | Primary General Other (specify) ▼  | \$ 100.00                                      |  |
| _            | Full Name (Last, First, Middle Initial)  |  |  |
| В.           |  |  | Date of Receipt  |
|              | Mailing Address  |  |  |
|              | City   | State Zip Code                                 | Amount of Each Receipt this Period   |
|              | FEC ID number of contributing federal political committee.                                     | C  | Amount of Each Receipt this Period   |
|              | Name of Employer   | Occupation                                     |  |
|              | Receipt For:   | Aggregate Year-to-Date ▼                       |  |
|              | Primary General Other (specify) ▼  |  |  |
| <del>-</del> | Full Name (Last, First, Middle Initial)  |  | Date of Receipt  |
| <b>J</b> .   | Mailing Address  |  | TATE OF THE COLUMN ASSESSMENT OF THE COLUMN AS |
|              | City   | State Zip Code                                 | Amount of Each Receipt this Period   |
|              | FEC ID number of contributing federal political committee.                                     | C  | Amount of Each Recept this Period  |
|              | Name of Employer   | Occupation                                     |  |
|              | Receipt For:   | Aggregate Year-to-Date ▼                       |  |
|              | Primary  |  |  |
| H            | SUBTOTAL of Receipts This Page (optional)  FOTAL This Period (last page this line number       |  | \$ 100.00<br>\$ 100.00   |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

| SCHEDULE A (FEC Form 3X)  |  | FOR LINE NUMBER: PAGE 1 OF 3                      |  |  |
|---|--|---|--|--|
|   | Use separate schedule(s)                                   | (check only one)                                  |  |  |
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page          | 11a 11b 11c 12                                    |  |  |
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and |  | erson for the purpose of soliciting contributions |  |  |
| NAME OF COMMITTEE (In Full)   |  | · — — — — — — —                                   |  |  |
|   |  |   |  |  |
| Full Name (Last, First, Middle Initial)  A. Goplerud, Peter   |  | Date of Receipt (payroll deduction *              |  |  |
| Mailing Address<br>160 Payasada Oaks Trail  |  | May , Dad , Arabada                               |  |  |
| Ponte Vedra Beach, FL 32082   | Zip Code   | Amount of Each Receipt this Period                |  |  |
| FEC ID number of contributing federal political committee.  |  | \$ 600.00   |  |  |
| Name of Employer Occupation Occupation  | on<br>dent, IMS  | (\$100 semi-monthly *)                            |  |  |
| Receipt For:  Primary General Aggrega   | te Year-to-Date ▼  |   |  |  |
| Other (specify) ▼   | \$ 1,400.00  |   |  |  |
| Full Name (Last, First, Middle Initial)  B. Schmitz, Chris  |  | Date of Receipt (payroll deduction*)              |  |  |
| Mailing Address<br>2919 Coco Lakes Drive  | M-M , B-B , 434-4-4,                                       |   |  |  |
| City State<br>Naples, FL 34105  | Zip Code   | Amount of Each Descint this Devied                |  |  |
| FEC ID number of contributing federal political committee.  |  | Amount of Each Receipt this Period                |  |  |
| Name of Employer Occupation OP Fi   | inance   | (\$40 semi-monthly                                |  |  |
| Receipt For:  Primary General  Other (specify) ▼  Aggrega   | tte Year-to-Date ▼<br>\$ 500.00                            | for a total of \$500  *)  I                       |  |  |
| Full Name (Last, First, Middle Initial)  C. Dirr, Therese, M  |  | Date of Receipt (payroll deduction*)              |  |  |
| Mailing Address 3447 Pacific Drive  | Mailing Address  |   |  |  |
| City State Naples, FL 34119   | Zip Code   | Amount of Each Receipt this Period                |  |  |
| FEC ID number of contributing federal political committee.  | er om spring mega kjære, had<br>Filler framhand saftamfund | \$ 150.00   |  |  |
| Name of Employer InfiLaw Corporation  Occupation  VP, T   | ech & Admin. Services                                      | (\$25 semi-monthly *)                             |  |  |
| Receipt For:  Primary General  Other (specify) ▼  Aggrega   | ate Year-to-Date ▼ \$ 350.00                               |   |  |  |
| SUBTOTAL of Receipts This Page (optional)   |  | \$ 930.00   |  |  |
| TOTAL This Period (last page this line number only)   |  | \$ 4,792.00                                       |  |  |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                          | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 2 OF 3 (check only one) |
|----|---|--------------------------|---|---|
|    | ly information copied from such Reports and Si<br>for commercial purposes, other than using the |                          | ay not be sold or used by any pe  |   |
|    | NAME OF COMMITTEE (In Full)  InfiLaw Corporation P.   | · · · · · ·              |   |   |
| Α. | Full Name (Last, First, Middle Initial) Stone, Dennis J   |                          |   | Date of Receipt(payroll deduction*)           |
|    | Mailing Address 1620 Park Terrace West  |                          |   | [M2.19] \ [20.2] \ [A2.A2.A2.A]               |
|    | Atlantic Beach, FL 32233  | State                    | Zip Code  | Amount of Each Receipt this Period            |
|    | FEC ID number of contributing federal political committee.                                      | C)                       |   | \$ 600.00                                     |
|    | Name of Employer Florida Coastal School of Law Receipt For:                                     | Occupation               | ent   | (*\$100 semi-monthly)                         |
|    | Primary General Other (specify) ▼   | Aggregate                | Year-to-Date ▼ \$ 2,300.00  |   |
| В. | Full Name (Last, First, Middle Initial) Chait, Doug   |                          |   | Date of Receipt (payroll deductions*          |
|    | Mailing Address<br>515 Murex Dr.  |                          |   | MANY , BARY , ACARACA                         |
|    | Naples, FL 34102  | State                    | Zip Code  | Amount of Each Receipt this Period            |
|    | FEC ID number of contributing federal political committee.                                      | C .                      |   | \$ 1,200.00                                   |
|    | Name of Employer InfiLaw Corporation  | Occupation<br>Senior Vid | n<br>ce President, Corp Development                                     | (* \$200 semi-monthly)                        |
|    | Receipt For:  Primary General  Other (specify) ▼  |                          | Year-to-Date ▼ \$ 2,400.00  |   |
| c. | Full Name (Last, First, Middle Initial) Ogene, Chidi  |                          |   | Date of Receip(*payroll deductions)           |
|    | Mailing Address<br>3550 Crayton Rd.   |                          |   | MEN. / D. D. / A - A - A - A.                 |
|    | City<br>Naples, FL 34103  | State                    | Zip Code  | Amount of Each Receipt this Period            |
|    | FEC ID number of contributing federal political committee.                                      | C                        |   | \$ 1,500.00                                   |
|    | Name of Employer Florida Coastal School of Law  | Occupation               | n Dean  | (* \$250 semi-monthly)                        |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                | Year-to-Date ▼ \$ 2,750.00  |   |
| Γ, | SUBTOTAL of Receipts This Page (optional)   |                          |   | 3,300.00                                      |

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

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE OF 3 (check only one)    X   11a              |
|---|--|---|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  InfiLaw Corporation PAC  Full Name (Last, First, Middle Initial) |  | to solicit contributions from such committee.                       |
| Receipt For:  |  | Amount of Each Receipt this Period  (*\$100 for 5 pay periods)      |
| Receipt For:  |  | Amount of Each Receipt this Period  \$ 210.00  (*\$35 semi-monthly) |
| Receipt For:  | ای در میکندری این با روی این در میکند و در این در این در |   |

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

\$4,792.00

# SCHEDULE B (FEC Form 3X)

| ITEMIZED DISBURSEMENTS  | Use separate schedule(s)                            |            |       | .in⊨ n          | OMBER:           |       |                   | L           | FAGE       | <del>'</del>   | <del></del>                    |
|---|---|------------|-------|-----------------|------------------|-------|-------------------|-------------|------------|----------------|--------------------------------|
| HEINITED DISBORSEINIEN 12   | for each category of the<br>Detailed Summary Page   | ```        |       | 21b [           | 22               | Х     | 23                |             | 4 <u> </u> | 25             | <u> </u> 26                    |
|   | Detailed Summary rage                               |            |       | 27              | 28a              |       | 28b               | <u> </u>    | 8c         | 29             | 30ь                            |
| Any information copied from such Reports and S or for commercial purposes, other than using the |   |            |       |                 |                  |       |                   |             |            |                |                                |
| NAME OF COMMITTEE (In Full)   |   |            |       |                 |                  |       |                   | -           |            |                |                                |
| angle InfiLaw Corporation F   | AC  |            |       |                 |                  |       |                   |             |            |                |                                |
| Full Name (Last, First, Middle Initial)   |   |            |       |                 |                  |       |                   |             |            |                |                                |
| A. Gallego for Arizona  |   | _          |       |                 | Date of          | Di:   | sburse            | ment        |            | <b>₹</b>       | ~√31                           |
| Mailing Address P.O. Box 1710   |   |            |       |                 |                  |       | 2                 | 0           | 2          | 0 1            | 4                              |
| City State Zip Code Phoenix, AZ 85001   |   |            |       |                 |                  |       |                   |             |            |                |                                |
| Purpose of Disbursement   |   | 7          |       |                 |                  |       |                   |             |            |                |                                |
| Contribution  |   |            |       |                 | Amount           | t of  | Each              | Disbu       | rseme      | nt this        | Period                         |
| Candidate Name<br>Ruben Gallego   |   | Cate       |       | y/              |                  | ~     |                   |             | ``-<br>\$  | 3,00           | 0.00                           |
|   | rsement For:  | Ту         | pe    |                 |                  | ٠     | <u> </u>          | حد"بيد      | <u> </u>   |                | <u>`-</u> `                    |
| Senate  | x Primary x General                                 |            |       |                 |                  |       |                   |             |            |                |                                |
| President   | Other (specify) ▼                                   |            |       |                 |                  |       |                   |             |            |                |                                |
| State: AZ District: 7   |   |            |       |                 |                  |       |                   |             |            |                |                                |
| Full Name (Last, First, Middle Initial)   |   |            |       | 1               |                  |       |                   |             |            |                |                                |
| Alma Adams for Congress   |   |            |       | _               | Date of          | 7 /   | 6 0               | / b /       | Ϋ́         | <b>Y-7-Y-1</b> | <b>~</b>                       |
| Mailing Address 1600East Wendover Ave., Suite   | 1600East Wendover Ave., Suite T City State Zip Code |            |       |                 | 0 8              | J     | 2                 | 2           | 2          | 0 1            | 4 1                            |
| •   |   |            |       |                 | ,                |       |                   |             |            |                |                                |
| Greensboro, NC 27405 Purpose of Disbursement  | <del></del>   |            |       |                 |                  |       |                   |             |            |                |                                |
| Contribution  |   |            |       | 7               | Amoun            | t of  | Each              | Disbu       | rseme      | nt this        | Period                         |
| Candidate Name  |   | Cate       | norv  | <del>_</del>    | ,                |       | -0 <sup>-</sup> - |             |            | 2 00           |                                |
| Alma Adams  |   | Ту         |       |                 |                  |       | 47                | منية السمية | <u> </u>   | 3,00           | 0.00                           |
| <b>⊢</b>  | rsement For:  |            |       |                 |                  |       |                   |             |            |                |                                |
| Senate   President  | x Primary x General Other (specify) ▼               |            |       |                 |                  |       |                   |             |            |                |                                |
| State: NC District: 11  | Other (specify) \                                   |            |       |                 |                  |       |                   |             |            |                |                                |
| Full Name (Last, First, Middle Initial)   | <del></del>   |            | _     | $\overline{}$   |                  | _     |                   |             |            |                |                                |
| C. Kline for Congress   |   |            |       |                 | Date of          | f Di  | sburse            | ement       |            |                |                                |
|   |   |            |       |                 | MYM              |       | D,                | 7 7         | Y          | ՆԻՆԻՆ<br>0_1   | · • • •                        |
| Mailing Address<br>350 West Burnsville Parkway, Suite 375                                       |   |            |       |                 | 0 9              | J     | 1                 | 7           | 2          | 0 1            | 4 5                            |
| City  | State Zip Code                                      |            |       |                 |                  |       |                   |             |            |                |                                |
| Burnsville, MD 55337  | · · · · · · · · · · · · · · · · · · ·               |            |       |                 |                  |       |                   |             |            |                |                                |
| Purpose of Disbursement Contribution  |   |            |       | 7               |                  |       |                   | <b>.</b>    |            |                | <b>5</b>                       |
| Candidate Name  |   | 1          | ar Co |                 | Amoun            |       |                   |             |            |                | Period<br><del>⊆: ∵_*</del> =: |
| John Kline  |   | Cate<br>Ty |       | <sup>y</sup> /  |                  |       |                   |             |            |                | 0.00                           |
| Office Sought: X House Disb   | rsement For:  |            |       | $\neg \uparrow$ |                  | ===== | تعتدالك           | `***        | مِسے وہ    | ==-5"==-2"     | الناحاتيث                      |
| Senate  | Primary General                                     |            |       |                 |                  |       |                   |             |            |                |                                |
| President District: 0   | Other (specify)                                     |            |       |                 |                  |       |                   |             |            |                |                                |
| State: MN District: 2   |   |            |       |                 |                  |       | z                 |             |            |                |                                |
| SUBTOTAL of Disbursements This Page (option   | al)   |            |       | <u> </u>        |                  | •     | <u> </u>          |             |            | 7,00           | 0.00                           |
| TOTAL This Period (last page this line number   | nly)  |            |       | <b>&gt;</b>     | CATA<br>Establis |       | - ₹ = .<br>       |             | , \$.      | 7,00           | 0.00                           |

# LO

| Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X |
|--|
|  |
| Election:  |
| General Other (specify) ▼  |
| ZIP Code   |
| Payment To Date Balance Outstanding at Close of This Per                                       |
|  |
| Date Due Interest Rate Secured:  |
| % (apr) Yes  |
| Name of Employer   |
| Occupation   |
| Amount Guaranteed Outstanding:   |
| Name of Employer   |
| Occupation   |
| Amount Guaranteed Outstanding:   |
| Name of Employer   |
| Occupation   |
| Amount Guaranteed  |
| Outstanding:   |
| Occupation   |
| Amount   |
| Guaranteed Outstanding:  |
| • • • • • • • • • • • • • • • • • • •  |
|  |
| r this line. If no Schedule D, carry forward to appropriate line of Summa                      |
|  |

#### N/A

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page \_\_\_\_ of Schedule C

| -ederal Election Commission, Washington, D.C. 20463  |   |   |
|--|---|---|
| NAME OF COMMITTEE (In Full)  |   | FEC IDENTIFICATION NUMBER   |
| LENDING INSTITUTION (LENDER)   | Amount of Loan  | Interest Rate (APR)   |
| Full Name  | Amount of Loan  | interest hate (AFh)   |
| , di Name  |   | %   |
| Mailing Address  |   |   |
|  | Date Incurred or Established                                    |   |
|  |   |   |
| City State Zip Code  | Date Due  | المدما لما لما  |
| A. Has loan been restructured? No Yes  | If yes, date originally incurred                                | Mark / Barb / Aranasa)  |
| B. If line of credit,  Amount of this Draw:  | Total Outstanding Balance:                                      |   |
| Amount of this Draw.   | balarice.   |   |
| C. Are other parties secondarily liable for the debt incurre   | ed?   |   |
| No Yes (Endorsers and guarantors mu  | st be reported on Schedule C.)                                  |   |
| D. Are any of the following pledged as collateral for the k  | oan: real estate, personal                                      | What is the value of this collateral?                             |
| property, goods, negotiable instruments, certificates of   | deposit, chattel papers,  |   |
| stocks, accounts receivable, cash on deposit, or other   | similar traditional collateral?                                 |   |
| 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   | · · · · · · · · · · · · · · · · · · ·                           | What is the estimated value?                                      |
| collateral for the loan? No Yes If yes, s  | pecify:   |   |
|  | <del></del>   | Later Control of the second                                       |
|  |   | <del></del>   |
| 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:  |   |
| لمرمومهم المعور المنتوس  | City Otale 7in  |   |
| hard has a hardware  | City, State, Zip:   | <del></del>   |
| F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan   | s pledged for this loan, or if the was made and the basis on wh | amount pledged does not equal or exceed ich it assures repayment. |
| G. COMMITTEE TREASURER   |   | T DATE  |
| Typed Name   |   | DATE  |
| Signature  |   | M . M / B . B . / Y . Y . Y . Y                                   |
| H. Attach a signed copy of the loan agreement.   |   | <del></del>   |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:  |   |   |
| <ol> <li>To the best of this institution's knowledge, the tel<br/>are accurate as stated above.</li> </ol>   | rms of the loan and other inform                                | nation regarding the extension of the loan                        |
| II. The loan was made on terms and conditions (inc   | cluding interest rate) no more fa                               | vorable at the time than those imposed for                        |
| similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C | a loan must be made on a basis                                  | s which assures repayment, and has                                |
| AUTHORIZED REPRESENTATIVE  |   | DATE  |
| Typed Name   |   |   |
| Signature  | le  | M - M - / + D - D - / Y - Y - Y                                   |
|  |   | 1 6 7 8 8   |

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

(Use separate schedule(s)

PAGE FOR LINE NUMBER: OF

| xcluding | Loans   |  | numbered line) | (Check Only One)       | J <sub>10</sub>              |
|----------|---|--|----------------|------------------------|------------------------------|
| NAME OF  | COMMITTEE (In Full)   |  |                |                        |                              |
| A. Full  | Name (Last, First, Middle Initial) of De                              | btor or Creditor                         | Nature of C    | Debt (Purpose):        |                              |
| Mailing  | Address   | <del></del>                              |                |                        |                              |
| City     | State   | Zip Code                                 |                |                        |                              |
| Outst    | anding Balance Beginning This Period                                  |  |                |                        |                              |
|          | Amount Incurred This Period   | Payment This Period                      |                | ing Balance at Close o |                              |
| B. Full  | Name (Last, First, Middle Initial) of Deb                             | otor or Creditor                         |                | Debt (Purpose):        |                              |
| Mailing  | Address   |  | _              |                        |                              |
| City     | State   | Zip Code                                 |                |                        |                              |
| C. Full  | Amount Incurred This Period  Name (Last, First, Middle Initial) of De | Payment This Period                      |                | Debt (Purpose):        | _ <del></del>                |
| Mailing  | Address   |  |                |                        |                              |
| City     |   | State Zip Code                           |                |                        |                              |
|          | tanding Balance Beginning This Period  Amount Incurred This Period    | Payment This Period                      | Outstand       | ing Balance at Close o |                              |
| I) SUBTO | OTALS This Period This Page (optional                                 | 1)                                       |                | and the second         | سترستان سان<br>برام راماری م |
| 2) TOTAL | LS This Period (last page this line num                               | ber only)                                | <u> </u>       |                        | *_ ^* *                      |
| 3) TOTAL | L OUTSTANDING LOANS from Schedu                                       | ule C (last page only)                   | . <b>.</b>     | , ,                    | •                            |
| 4) ADD 1 | 2) and 3) and carry torward to appropri                               | ate line of Summany 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 ▼  |
|  | C  |
| Check if 24-hour report 48-hour report New report Amends report filed  | on May / Dad / Yakara  |
| Full Name of Payee   | Date of Public Distribution/Dissemination  |
|  | M - M - / 0 - 40 / V - V - V - V   |
| Mailinġ Address  | Amount   |
| City State Zip Code  |  |
|  | Date of Dishusters and an Obligation   |
| Purpose of Expenditure  Category/ Type   | Date of Disbursement or Obligation   |
| Name of Foderal Condidate  | المصمحا لمصا لمصا  |
| Name of Pederal Candidate   Support   Office   Oppose   The state of Pederal Candidate   Oppose   Oppo | e Sought: House District:  |
| Calendar Year-To-Date Disbu  | ursement For: Primary General  |
| Per Election for Office Sought   | Other (specify)  |
| Full Name of Payee   | Date of Public Distribution/Dissemination  |
| Malling Address  | W - W - V - O - O - V - A - A - A - A - A - A - A - A - A  |
| Mailing Address  | Amount   |
| City State Zip Code  |  |
|  | Date of Disbursement or Obligation   |
| Purpose of Expenditure  Category/ Type   | May 1 222 1 100000   |
| Name of Federal Candidate Support Office   | e Sought: House District:  |
| Oppose   | President Senate State:  |
| Calendar Year-To-Date Per Election for Office Sought   | ursement For: Primary General  |
| [  | Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Expenditures  |  |
|  |  |
| (b) SUBTOTAL of Uniternized Independent Expenditures   |  |
| (c) TOTAL Independent Expenditures   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.  | ade in cooperation, consultation, or concert<br>er, or (if the reporting entity is not a political |
|  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |
| Signature  |  |

# 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   | PAGE OF      |  |                     |  |
|---|--------------|--|---------------------|--|
| 2 U.S.C. §441a(d))  | be used only | by Political Committees in the                 | e General Election) | FOR LINE 25 OF FORM 3X   |
| NAME OF COMMITTEE (In Full)   |              |  |                     |  |
| Has your committee been designated to m coordinated expenditures by a political part YES NO |              | Full Name of Subordinate Com                   | mittee              |  |
| If YES, name the designating committee:   |              | Mailing Address                                |                     |  |
|   |              | City   | Sta                 | te ZIP Code  |
| Full Name (Last, First, Middle Initial) o   | Each Payee   |  | Purpose of Expo     | Category/  |
| Mailing Address   |              |  | Date                | Туре   |
| City  | State        | Zip Code                                       | //                  | , <u>, , , , , , , , , , , , , , , , , , </u>  |
| Name of Federal Candidate Supported   | Office Sough | Senate District:  Presidential                 | Amount              | ~~~~   |
| Aggregate General Election Expenditure for this Candidate ▶                                 |              |  |                     |  |
| Full Name (Last, First, Middle Initial) o   | f Each Payee |  | Purpose of Exp      | enditure  Category/  |
| Mailing Address   |              |  | Date                | Туре   |
| City  | State        | Zip Code                                       | M 7/2 /             | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |
| Name of Federal Candidate Supported   | Office Sough | ht: House State: District: Presidential        | Amount              | · · · · · · · · · · · · · · · · · · ·  |
| Aggregate General Election Expenditure for this Candidate ▶                                 | 27           |  |                     |  |
| Full Name (Last, First, Middle Initial) o   | f Each Payee |  | Purpose of Exp      | enditure Category/   |
| Mailing Address   |              |  | Date                | Туре   |
| City  | State        | Zip Code                                       |                     | 6.00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| Name of Federal Candidate Supported  Aggregate General Election                             | Office Soug  | ht: House State: Senate District: Presidential | Amount              | anger a paretter of the presignant and   |
| Expenditure for this Candidate  |              | Caralles (Section 1)                           |                     |  |
| SUBTOTAL of Expenditures This Page (o   | ptional)     |  |                     |  |
| TOTAL This Period (last page this line no   | ımber only)  |  |                     | and an all the state of the sta |

#### **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)

| IAME OF COMMITTEE (In Full)  |
|--|
| USE ONLY ONE SECTION, A or B   |
| A. State and Local Party Committees  |
| Fixed Percentage (select one)  |
| Presidential-Only Election Year (28% Federal)  |
| Presidential and Senate Election Year (36% Federal)  |
| Senate-Only Election Year (21% Federal)  |
| Non-Presidential and Non-Senate Election Year (15% Federal)  |
|  |
|  |
| B. Separate Segregated Funds and Nonconnected Committees   |
| B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  |
|  |
| Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  |
| Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  |
| Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below          |
| Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal |

| SCHEDULE H2 (FEC Form 3X)   |  | •   |
|---|--|---|
| ALLOCATION RATIOS   |  | PAGE OF                                   |
| NAME OF COMMITTEE (In Full)   |  | · · · · · · · · · · · · · · · · · · ·     |
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA<br>ACTIVITIES APPEARING ON THIS REPORT.  | ATE SUPPORT  |   |
| Methods of allocation:  |  |   |
| <ol> <li>FUNDRAISING activities are allocated using the "funds received met<br/>expenses must equal the federal proportion of monies raised.</li> </ol>   | thod" where the federal pro                                | oportion of                               |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method. | fit derived by federal cand<br>nunications or voter drives | idates from the ac-<br>that refer to both |
| ACTIVITY OR EVENT IDENTIFIER  | F-9-5-11   | NOVE DED A                                |
| 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:  | 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:  | %  | <u> </u>                                  |
| New Revised Same as Previously Reported   |  |   |
| ACTIVITY OR EVENT IDENTIFIER  | FEDERAL %  | NONFEDERAL %                              |
| ACTIVITY IS:  Fundraising  Direct Candidate Support   |  |   |
| CHECK IF THE RATIO IS:    New   | %  | %   |
| ACTIVITY OR EVENT IDENTIFIER  |  |   |
|   | FEDERAL %  | NONFEDERAL %                              |
| ACTIVITY IS:    Fundraising   Direct Candidate Support  | %  | %   |
| CHECK IF THE RATIO IS:  New Revised Same as Previously Reported   |  |   |
| ACTIVITY OR EVENT IDENTIFIER  |  |   |
| ACTIVITY IS:  | FEDERAL %  | NONFEDERAL %                              |
| Fundraising Direct Candidate Support CHECK IF THE RATIO IS:   | %  | %   |
| New Revised Same as Previously Reported   | 1  |   |

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

| PAGE     | OF             | - |
|----------|----------------|---|
| L        |                | _ |
| FOR LINE | 18a OF FORM 3X | ( |

| NAME OF COMMITTEE (In Full)                        |  |  |
|--|--|--|
| 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 Ide | entifier)  |  |
| breet full distance (List Activity of Event local  | Similary   |  |
| a)   |  | 7  |
|  |  | = <u> </u><br>_  |
| b)   |  | <b>1</b>   |
|  |  |  |
| c) Total Amount Transferred For Direct Funds       | aising   |  |
| v) Direct Candidate Support (List Activity or E    | vent Identifier)   |  |
| V) Direct Candidate Support (clist Activity of L   | vent identitier)   |  |
| a)   |  | 7  |
|  | The Company of the Co | -2   |
| b)   |  |  |
|  |  |  |
| c) Total Amount Transferred For Direct Cand        | date Support   | The same of the sa |
|  |  | - Bara Camarina material material material for material for the Bara of the Ba |
| vi) Public Communications Referring Only to        | Party (Made by PAC)  | because managers !   |
| TOTALS F   | OR BREAKDOWN OF TRANSFER RECEIVE   | ED   |
|  | <b>)</b>   | المتاسية مناسبة  |
| TOTAL This Period (Administrative)                 | Service of the servic | المراجع والمراجع   |
|  |  |  |
| TOTAL This Period (Generic Voter Drive)            | barar 120 g.a.   | e of the contract of the contr |
| TOTAL This Daving (Everent Astinition)             |  |  |
| TOTAL This Period (Exempt Activities)              | * = 79   | Augustus (A. A. A   |
| TOTAL This Period (Direct Fundraising)             |  |  |
| TOTAL TITIS PERIOD (Direct Fundraising)            |  |  |
| TOTAL This Period (Direct Candidate Support)       | •  |  |
| To the time to the temporal continue capporty      |  |  |
| TOTAL This Period (Public Communications Referring | g Only to Party)   | ا مدير مي وه مي وه مي وه   |
| ,  | - ,  |  |
| TOTAL This Period (Total Amount Transferred)       |  | ا کا ما معریبان ما وہان ما ما وہ این ایمانی  |
| <u> </u>   |  |  |

# 170M - 180 - 8200

### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAG |      | C   | F  |      |    |
|-----|------|-----|----|------|----|
| FOR | LINE | 21a | OF | FORM | 3X |

| 147 | AME OF COMMITTEE (IN FUI!)  |          |                    |                   |  |
|-----|---|----------|--------------------|-------------------|--|
| Ā.  | Full Name (Last, First, Middle Initial)                             |          |                    | Allocated Activ   |  |
|     | Mailing Address   |          |                    | Administra        |  |
|     | City State Zip  | Code     |                    | Voter Driv        | prime (ref to party only) by PAC   |
|     | City State Zip  | Coue     |                    |                   | tivity or Event Year-To-Date   |
|     | Purpose of Disbursement:  |          |                    | Allocated Ac      | Comments of the Comments of th |
|     | Activity or Event Identifier:                                       |          | Category/<br>Type  | Date              | 1 / 1000 / 1000  |
|     | FEDERAL SHARE + NONF  | EDERAL S | HARE               | =                 | TOTAL AMOUNT   |
|     |   |          |                    |                   |  |
| В.  | Full Name (Last, First, Middle Initial)                             |          |                    | Allocated Activ   |  |
|     | Mailing Address   |          |                    | Administr         |  |
|     | City Charles Time   | 0-4-     |                    | Voter Dri         |  |
|     | City State Zip  | Code     |                    |                   | omm (ref to party only) by PAC<br>ctivity or Event Year-To-Date  |
|     | Purpose of Disbursement:  |          | لسنساما            | 111000000         | the state of the s |
|     | Activity or Event Identifier:                                       |          | لسنسا              | 1                 |  |
|     |   |          | Category/<br>Type  | Date              |  |
|     | FEDERAL SHARE + NONF  | EDERAL S | HARE               | =                 | TOTAL AMOUNT   |
| c.  | Full Name (Last, First, Middle Initial)                             |          |                    | Allocated Activ   |  |
|     | Mailing Address   |          |                    | Administr         |  |
|     |   | 0.1      |                    | Voter Dri         |  |
|     | City State Zip  | Code     |                    | <del></del>       | omm (ref to party only) by PAC ctivity or Event Year-To-Date   |
|     | Purpose of Disbursement:  |          | p=0=0= j           |                   | Strong of Event Tear to Date   |
|     | Activity or Event Identifier:                                       |          | Category/          | W.                |  |
|     |   |          | Туре               | Date              | المناصبين المناصبين  |
|     | The first few members with the best made for                        | EDERAL S | manga megamen      |                   | TOTAL AMOUNT   |
|     | <del></del>   | * # J    | and the second     | la filipation     | Microsoft and the foliation of the foliation   |
| S   |   | EDERAL S | <u>.</u>           | =                 | TOTAL AMOUNT   |
| T   | OTAL This Period (last page for each line only)(Federal share to 21 |          |                    | are to 21(a)(ii)) | TOTAL ANGE: 127  |
|     | The second section and the second                                   |          |                    | 1                 | TOTAL AMOUNT   |
|     | a transfer muse in a marker of the contraction of                   |          | * - <b>*</b> - * . | in the same of    | the company of the many of   |

### SCHEDULE H5 (FEC Form 3X)

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

| To be used by State, District and Loca  |                               | PAGE OF<br>FOR LINE 18b OF FORM 3X   |
|---|-------------------------------|--|
| NAME OF COMMITTEE (In Full)   |                               |  |
| NAME OF ACCOUNT   | DATE OF RECEIPT               | TOTAL AMOUNT TRANSFERRED   |
| BREAKDOWN OF THIS TRANSFER  |                               | .1   |
| i) Voter Registration Total Amount Transferred for Voter                                      | VOTER REGIS'                  | FRATION  |
| ii) Voter ID  Total Amount Transferred for Voter  iii) GOTV  Total Amount Transferred for GOT | مىد <i>ائىسى</i> سىئ          | VOTER ID  GOTV   |
| iv) Generic Campaign Activity Total Amount Transferred for Gene                               | eric Campaign Activity        | GENERIC CAMPAIGN ACTIVITY  |
| NAME OF ACCOUNT   | DATE OF RECEIPT               | TOTAL AMOUNT TRANSFERRED   |
| BREAKDOWN OF THIS TRANSFER  i) Voter Registration  Total Amount Transferred for Vote          | VOTER REGIS                   | TRATION  |
| ii) Voter ID  Total Amount Transferred for Vote   | er ID                         | VOTER ID   |
| iii) GOTV  Total Amount Transferred for GOT   | rv                            | GOTV   |
| iv) Generic Campalgn Activity  Total Amount Transferred for General                           | eric Campaign Activity        | GENERIC CAMPAIGN ACTIVITY  |
| TOTALS FOR BE   | REAKDOWN OF TRANSFER RECEIVED | (Last Page Only)   |
| TOTAL This Period (Voter Registration)  | page page page.               |  |
| TOTAL This Period (Voter ID)  |                               | The second of th |
| TOTAL This Period (GOTV)  |                               | r i kalika kalika sarahiri kaliji<br>Naziri ta dingiri ta satutni angaliji<br>Bita na sangan dingiri kalifa sa sa  |
|   | Activity)                     | group of the second   |
| TOTAL This Period (Total Amount of Tra  | nsfers Received)              | ······································   |

# N/A

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

| PAGE | OF |
|------|----|
|      |    |

| To be used by State, District and Local Party Committees Only)                                | FOR LINE 30a OF FORM 3X  |
|---|--|
| NAME OF COMMITTEE (In Full)   | <del></del>  |
|   |  |
| A. Full Name (Last, First, Middle Initial) / Full Organization Name                           | Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campaign     |
| Mailing Address   | Allocated Activity or Event Year-To-Date   |
| City State Zip Code   |  |
| Purpose of Disbursement Category/<br>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 GOTV  Voter ID Generic Campaign |
| Mailing Address   | Allocated Activity or Event Year-To-Date   |
| City State Zip Code   |  |
| Purpose of Disbursement Category/ Type  | Date Date  |
| FEDERAL SHARE + LEVIN SHARE   | = TOTAL AMOUNT   |
| C. 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   |
| City State Zip Code   | businessesses as surrend   |
| Purpose of Disbursement  Category/ Type   | Date Date  |
| FEDERAL SHARE + LEVIN SHARE   | = TOTAL AMOUNT   |
| SUBTOTAL of Shared Federal and Levin Activity This Page                                       |  |
| FEDERAL SHARE + LEVIN SHARE   | = TOTAL AMOUNT   |
| TOTAL 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   |
| LEVIN SHARE   | 3 - 9  |
| TOTAL This Period for the Levin Share   |  |

# SCHEDULE L (FEC Form 3X) N/A AGGREGATION PAGE: LEVIN FUNDS

| NAME OF COMMITTEE (In Full) |   |                               |                          |
|-----------------------------|---|-------------------------------|--------------------------|
| NAME OF ACCOUNT             |   |                               |                          |
|                             | ·   | COLUMN A<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE |
| 1.                          | RECEIPTS FROM PERSONS   |                               |                          |
|                             | (a) Itemized(Use Schedule L-A)                                      |                               |                          |
|                             | (b) Unitemized  |                               |                          |
|                             | (c) Total   |                               |                          |
| 2.                          | OTHER RECEIPTS  |                               |                          |
| 3.                          | TOTAL RECEIPTS  |                               | 1                        |
|                             | (Add Lines 1c and 2)  | (                             |                          |
| 4.                          | TRANSFERS TO FEDERAL OR<br>ALLOCATION ACCOUNT<br>(Use Schedule L-B) |                               |                          |
|                             | (a) Voter Registration  |                               |                          |
|                             | (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)   |                               |                          |
| 9.                          | SUBTOTAL  |                               |                          |
|                             | (Add Lines 7 and 8)   |                               |                          |
| 10.                         | DISBURSEMENTS   |                               |                          |
| 11.                         | ENDING CASH ON HAND(Subtract Line 10 From Line 9)                   |                               |                          |
|                             |   |                               |                          |

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

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

The sold or used by any person for the purpose of soliciting contributions

PAGE OF

FOR LINE NUMBER:
(check only one)

1a 2

|                |  | Aggregation Page | (check only one) 1a 2  |  |
|----------------|--|------------------|--|--|
|                | Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. |                  |  |  |
| 2              | NAME OF COMMITTEE (In Full)  |                  |  |  |
| <u>С</u><br>А. | Full Name (Last, First, Middle Initial) / Full Organization Name   |                  | Date of Receipt  |  |
|                | Mailing Address  |                  | لتسالياليا   |  |
|                | City State   | Zip Code         | Amount of Each Receipt this Period   |  |
|                | Name of Employer or Principal Place of Business  |                  | Aggregate Year-to-Date   |  |
| _              | Occupation   |                  |  |  |
| В.             | Full Name (Last, First, Middle Initial) / Full Organization Name   |                  | Date of Receipt  |  |
|                | Mailing Address  |                  |  |  |
|                | City State   | Zip Code         | Amount of Each Receipt this Period   |  |
|                | Name of Employer or Principal Place of Business  |                  | Aggregate Year-to-Date   |  |
|                | Occupation   |                  | Aggregate rear-to-bate   |  |
| C.             | Full Name (Last, First, Middle Initial) / Full Organization Name   |                  | Date of Receipt  |  |
|                | 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   |                  | Aggregate Tearlor Date   |  |
| <b>D</b> .     | Full Name (Last, First, Middle Initial) / Full Organization Name   |                  | Date of Receipt  |  |
|                | Mailing Address  |                  | A PARTY AND A PART |  |
|                | City State   | Zip Code         | Amount of Each Receipt this Period   |  |
|                | Name of Employer or Principal Place of Business  |                  | had alating a declar to the term   |  |
|                | Occupation   |                  | Aggregate Year-to-Date   |  |
| s              | SUBTOTAL of Receipts This Page (optional)  |                  |  |  |
| T              | OTAL This Period (last page this line number only)   | <b>•</b>         | గ్రామంలో వైద్యా ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామం<br>ముందుకుండాన్ ముందుకుండాన్ ముందినికి అని అంది మారికి మండి సంస్థికి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి ప్రామంత్రి  |  |

## SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one)

| OF LEVIN FUNDS   | Aggregation Page | 4a 4c 5<br>4b 4d                        |
|--|------------------|---|
| Any information copied from such Reports and Statements may<br>or for commercial purposes, other than using the name and add |                  |   |
| NAME OF COMMITTEE (In Full)  |                  |   |
| Full Name (Last, First, Middle Initial) / Full Organization Nam  | e                | Date of Disbursement                    |
| Mailing Address  |                  |   |
| City State  Purpose of Disbursement  | Zip Code         | Amount of Each Disbursement this Period |
| Full Name (Last, First, Middle Initial) / Full Organization Nam  3.  | e                | Date of Disbursement                    |
| Mailing Address  |                  |   |
| City State  Purpose of Disbursement  | Zip Code         | Amount of Each Disbursement this Period |
| Full Name (Last, First, Middle Initial) / Full Organization NamC.  | ne               | Date of Disbursement                    |
| Mailing Address  |                  | had had broom!                          |
| City I State  Purpose of Disbursement  | Zip Code         | Amount of Each Disbursement this Period |
| Full Name (Last, First, Middle Initial) / Full Organization Nam  D.  | ne               | Date of Disbursement                    |
| Mailing Address  |                  | Lad Lad Land                            |
| City State  Purpose of Disbursement  | Zip Code         | Amount of Each Disbursement this Period |
| Full Name (Last, First, Middle Initial) / Full Organization Name.  | ne               | Date of Disbursement                    |
| Mailing Address  |                  |   |
| City State  Purpose of Disbursement  | Zip Code         | Amount of Each Disbursement this Period |
| SUBTOTAL of Disbursements This Page (optional)   |                  |   |
| TOTAL This Period (last page this line number only)  | <b>_</b>         |   |

RECEIVED AH 10: 39 路I4 OCT 14 FEC MAIL CENTER

ne Jitions act ess

Extremely Urgent

Ship Date: 100CT14 ActWgt: 0.5 LB CAD: 7403605/INET3550

Origin ID: IMMA

Infil.aw Corporation 8625 Tamiami Trail North From: (239) 325-4401 Joan Lancellot

Naples, FL 34108

BILL SENDER

SHIP TO: (202) 694-1100

Federal Election Commission 999 E. Street, N.W.

WASHINGTON, DC 20463

MON - 13 OCT AA STANDARD OVERNIGHT 20463 pc.us IAD

XC RDVA

так# 7714 6008 7169 (2201)

522G1/DF64/8A09

Use the 'Print' button on this page to print your label to your laser or inkjet printer.

Fold the printed page along the horizontal line.

Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of clain. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filled Jse of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex com FedEx will not be resp

within strict time limits, see current FedEx Service Guide





| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate I |   |
|--|---|
| Hand Delivered   | Date of Receipt                         |
| USPS First Class Mail  | Postmarked                              |
| USPS Registered/Certified  | Postmarked (R/C)                        |
| USPS Priority Mail   | Postmarked                              |
| USPS Priority Mail Express   | Postmarked                              |
| Postmark Illegible   |   |
| No Postmark  |   |
| Overnight Delivery Service (Specify): FEDEX  Next Busines  | Shipping Date  /O/IO/I4 ss Day Delivery |
| 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                         |
| Other (Specify):   | Receipt or Postmarked                   |
| PREPARER (8/2013)  | 10/14/14<br>DATE PREPARED               |