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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 FEB -3 PM 1:00

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Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CITY 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (D) Monthly Report (Choose One) (A) (a) Quarterly Reports: April 15 Quarterly Report (O1) (D) Oct 20 (M3) (D) Use On: (C) 12-Ds (M3) (D) Use One (M4) (D) Use One (M4) (D) Use One (M5) (D) Use One (M6) (D) Use One (M7) (D) Use One (M7) (D) Use One (M8) (D) Use One (M			PRINT V			ing, type	12FE4M5	5	CENTER
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CITY 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (D) Monthly Report (Choose One) (A) (a) Quarterly Reports: April 15 Quarterly Report (O1) (D) Oct 20 (M3) (D) Use On: (C) 12-Ds (M3) (D) Use One (M4) (D) Use One (M4) (D) Use One (M5) (D) Use One (M6) (D) Use One (M7) (D) Use One (M7) (D) Use One (M8) (D) Use One (M	F.R.I.EN.D.S.	10.F 10.E.	IROLT	CLU	B. P.A.	<u>C</u>			
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V CITY A 3. IS THIS NEW REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (VE) July 31 Mid-Year Report (Non-election Year Only (M7) Termination Report (VE) April 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) July 31 Mid-Year Report (Non-election Year Only (M7) Termination Report (VE) Section on Page (VE) Election on Report (VE) Termination Report (VE) Termination Report (VE) Termination Report (VE) Section on Page (VE) Termination Report (VE) Termination Report (VE) Date FEC FORM 3X Rev. 122004	ADDRESS (number and	street) [P.o.	BOX	3.610	89				
3. IS THIS REPORT (N) OR AMENDED (A) TYPE OF REPORT (D) Monthly Report (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (PE) Report (Non-election Year-Only) (MY) Report for the: Convention (12C) Report (Non-election Year-Only) (MY) Report for the: Convention (12C) Report (Non-election Year-Only) (MY) Report (Non-election Report for the: Election on Report for the: Election on Report (Non-election State of May Knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. \$4376. FEC FORM 3X Rev. 12/2004	than previously		255E	POILN	TE F	A.R.MI	[M,]	148236	<u> - </u>
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Colober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (d) 30-Day POST-Election Report for the: Election on Electi	2. FEC IDENTIFICA	TION NUMBER 1		CITY	·	S	STATE A	ZIP C	ODE A
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Report (Non-election Report for the: Election on Election on Termination Report (TER) Tovering Period Termination Report (TER) Tovering Period Tovering Pe	C	P. P. J. A.			31		N9 28		
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Election on Report for the: Election on Report for the: Election on Termination Report (TER) Tovering Period Termination Report Tovering Period Tovering Per		R	eport 🗀	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	"Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Determination Report (TER) Covering Period Report (Non-election Report or the: Election on General (30G) Runoff (30R) Runoff (30S) Runoff (30S) Runoff (30S) Runoff (30F) Report (Non-election Report or the: Election on Covering Period April 15 Quarterly Report (Q2) Runoff (12R) Runo	(a) Quarterly Repo			Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	(Non-Election
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the: Convention (12C)	April 15 Quarterly	Report (Q1)		Apr 20 (M4)	<u> </u>		ibeell B	Fail Fail	ä · · ·
Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Covering Peri	Quarterly	''	PRE-Election	B _{are} M		Exer. Exer.	a 7	· · · ·	Hunoff (12H)
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election General (30G) Report for the: Election on Election on General (30G) Runoff (30R) Special (30S) Report for the: in the State of I certify that I have examined this Report and to the best of my knowledge and belief it is trye, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date Date FEC FORM 3X Rev. 12/2004	Quarterly	Report (Q3)	·	Lens?	MEN /	[D D /]	₹ ₹₹₹₹₹	in th	9
Year Only) (MY) Report for the: Termination Report (TER) Report for the:	Year-End	Report (YE)	***************************************	Election on	<u> Landard</u>			State	e of L
Termination Report (TER) Election on Election on Election on Election on Election on In the State of Election on Election on Election on Election on In the State of Election on In the State of Election on Election on Election on In the State of In the State of In the State of In the State of In the State of In the State of In the State of In the State of In the State of In th		on-election (G)	POST-Elect	لأمعدا	General (30	G)	Runoff (30R)	Special (30S)
through 12 3/1 2014 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date Date Office Use Diffice Use Type or Print Name of Treasurer FEC FORM 3X Rev. 12/2004		n Report	·					State	- 11 1
Type or Print Name of Treasurer Signature of Treasurer Date Date Date Date Discovery NOTE: Submission of false, exroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	5. Covering Period	W / 0	/ PS 1/4		through	7.2	1371	3012	A
Signature of Treasurer Date			and to the be	^ - · /	wledge and DAU	belief it is true	e, correct an ALK	d complete.	
Office Use FEC FORM 3X Rev. 12/2004		Di	n au	lille	L	D	ate \mathcal{S}	7 3 7	2014
Use Use Rev. 12/2004	NOTE: Submission of fal	lse, erroneous, or i	ncomplete infor	mation may s	ubject the pe	rson signing th	is Report to t	the penalties of	2 U.S.C. §437g.
	1 . 1							1	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Re	port	Covering the Period: From:	09	(24) (20) 3	· [2] 31 2013
				COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a)	Cash on Hand January 1, 2011	Ī		600
	(b)	Cash on Hand at Beginning of Reporting Period		0.00	
	(c)	Total Receipts (from Line 19)	8 '		
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		100313	1,00313
	Tota	I Disbursements (from Line 31)	u	99000	99000
	Rep	h on Hand at Close of orting Period orting Period otract Line 7 from Line 6(d))		13.13	
	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)		000	
).	the	ts and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	įį.	000	
	<u> </u>	This committee has qualified as a m	nulticandida	ate committee. (see FEC FORM 1M)	
			For	further information contact:	

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



DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

٧	rite or Type Committee Name		
R	eport Covering the Period: From:	Т	o: / / / / / / / / / / / / / / / / / / /
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	100313	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
	 (b) Political Party Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 	100313	1.00312
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received	Describe and Leave it remains easily program in a consequence of the c	
	Loan Repayments Received		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
	Other Federal Receipts (Dividends, Interest, etc.)		
	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1,0,03.13	1.003.13
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1.2003.13	1.0.03.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) II. Disbursements

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers te Affillated/Other Party Committees......Contributions to Federal Candidates/Committees

24. Independent Expenditures

27. Loans Made...... 28. Refunds of Conf

and Other Political Committees.......

26. Loan Repayments Made.....

Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees

(d) Total Contribution Refunds

29. Other Disbursements

(from Schedule H6)

32. Total Federal Disbursements

(a) Allocated Federal Election Activity

(i) Federal Share

(ii) "Levin" Share.....

(b) Federal Election Activity Paid Entirely With Federal Funds..... (c) Total Federal Election Activity (add ...

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

(b) Political Party Committees Other Political Committees

(such as PACs).....

Federal Share

(ii) Non-Federal Share.....

Expenditures Total Operating Expenditures

21. Operating Expenditures:

Page 4 COLUMN A COLUMN B **Total This Period** Calendar Year-to-Date (add 21(a)(i), (a)(ii), and (b)) ▶ Serillon Dende - Dande Alexander of the American Constitution of the (add Lines 28(a), (b), and (c))............▶ 30. Federal Election Activity (2 U.S.C. §431(20)) Albert Bereit Charles Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	1,00313	10.0312
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	990 00	49000
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	99000	99000

SCHEDUL	EΑ	(FEC	Form	3X)
ITEMIZED	REC	EIPTS	3	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FRIENDS OF	DGTROIT CLUB	3 PAC
Full Name (Last, First, Middle Initial) A. Mailing Address	ONES	Date of Receipt
City AAK DARK	State Zip Code 18327	09/24/2013
FEC ID number of contributing federal political committee.	C (((((((((((((((((((Amount of Each Receipt this Period 3. 13
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3./3	
Full Name (Last, First, Middle Initial) B. JAKMAN JA	JES:	Date of Receipt
Mailing Address 15075 LINCULN City 3	RUAN APT 114 State Zip Code.	10012013
OAKPARK	M1 48237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	(C)	,75000
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ , 753, 13	
Full Name (Last, First, Middle Initial) C. 19 KMA (N)	INES	Date of Receipt
Mailing Address 15075 LIN CULN City 2 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ا أن سند ا	1000912013
"OAK YAKK	48237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C. Andrews C. British	, ,250.00
Name of Employer	Occupation	
Receipt For: Primary	Aggregate Year-to-Date ▼ /, 0 03.1 3	
SUBTOTAL of Receipts This Page (optional)		, 1,003.13
TOTAL This Period (last page this line number	only)	100313

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I	one)
	Detailed Summary Page	21b 27	22 23 24 25 26 29 30b
Any information copied from such Reports and Statem or for commercial ourcoses, other than using the name	ents may not be sold or used e and address of any political	by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		2 4
FRIENDS OF	09TR017	<u>Q</u> L	MB PAC
Full Name (Last, First, Middle Initial) A. A	≠ <		Date of Disbursement
Mailing Address 15075 LIN COUN	RUAN APT	114	10 04 2013
	tate Zip Code 22	,7	
Purpose of Dispursement	1 9 5 0 7 I		
SALARY - PRESIDG	6.93	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	-		And and her of headers of the State of the S
President	Primary ☐ General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
B. JERMAIN JONE	55		Date of Disbursement
Mailing Address 75 LINCOLN	1 2	114	11 04 2013
	tate Zip Code 3	7	
Purpose of Disbursement SALARY - PAESI		Amount of Each Disbursement this Period	
Candidate Name	4NT	Category/ Type	750.00
Office Sought: House Disburserr	nent For: Primary General		
	Other (specify) ▼		
Full Name (Last, First, Middle Initial)	····		
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	; A; e;	- Almandamora	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disbursen Senate	nent For: Primary General		leave that Phareline (Phareline Charles of the Sand South South South
President State: District:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			990.00
TOTAL This Period (last page this line number only).	<u> </u>		990.00

SCHEDULE C (FEC Form 3X)	
LOANS	Use separate schedule(s) PAGE OF
	for each category of the Potalied Summary Page FOR LINE 13 OF FORM 3X
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary
	General
Mailing Address	Other (specify) ▼
City State ZIP Coo	le /
Original Amount of Loan Cumulative Payment To	
Complete the second	And the second s
TERMS Date Incurred Date Due	Interest Rate Secured:
	Millerest Hate Secured.
	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City / State ZIP Code	Amount Guaranteed
/ 5	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	·
	Amount
City State ZIP Code	Guaranteed Outstanding:
	October 191
	Property Regards State of Stat
SUBTOTALS This Period This Page (optional)	>
TOTALS This Period (last page in this line only)	
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		rage or ocheance o	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	· · · · · · · · · · · · · · · · · · ·	
Mailing Address City State Zip Code	Date Incurred or Established Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurred	the state of the s	
B. If line of credit, Amount of this Draw:	Balance:	Landing Description of Description of Description of the Control o	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust/be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the proparty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?	
	No Yes If yes, specify:		
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s		what is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Lecation of account:		
Date account established:	Address:		
	City, State, Zip:		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.		<u> </u>	
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the teare accurate as stated above. II. The loan 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	cluding interest rate) no more fa f comparable credit worthiness. a loan must be made on a basi	vorable at the time than those imposed for s which assures repayment, and has	
AUTHORIZED REPRESENTATIVE	7111 100.02 and 100.142 in man	DATE	
Typed Name	tle	- Company (Prop) (Vyovav v)	

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:
Excluding Loans	for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		1 10
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of E	Pebt (Purpose):
Mailing Address	_	
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of [Debt (Purpose):
Mailing Address		
City State Zip Code		·
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Saminations	ng Balance at Close of This Period
SUBTOTALS This Period This Page (optional)	>	The section of the se
2) TOTALS This Period (last page this line number only)		mallionalismalismalismalismalismalismalismalism
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	Machinery Christian	A The Control of the
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)	į.	

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
		Mem / Ded / Vivevv
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure		Date of Disbursement or Obligation
	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		MAN , LOUD , 10 SO TO TO
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Туре	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•••••	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(c) TOTAL Independent Expenditures		· Description of Constitution and Constitution of Constitution
Under penalty of perjury t nertify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Date	, , , , , , , , , , , , , , , , , , , ,
Signature		William Commence Comm

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

ON BEHALF OF CANDIDATES FOR FED 2 U.S.C. §441a(d))	PAGE OF	
(To be used only	ral Election) FOR LINE 25 OF FORM 3X	
NAME OF COMMITTEE (in Full)		
Has your committee been designated to make	Full Name of Subordinate Committee	
coordinated expenditures by a political party committee?		
If YES, name the designating committee:	Meiling Address	
·	City	State ZIP Code
Full Mana (Last First Atiddle Initial) of Fast Base		Purpose of Expenditure
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
		Category
Mailing Address		Туре
City State	Zip Code	Date
City State	Zip Code	
Name of Federal Candidate Supported Office Soug	ht: House State:	Amount
	Senate District:	
	Presidential	Landing Shadow And Shadow Assessed Shadow Asse
Aggregate General Election		·
Experientare for this Cariottate	English and Marie Carlos Commission of the Commi	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
		L
Mailing Address		Category/ Type
		Date
City State	<u> </u>	
Name of Federal Candidate Supported Office Soug		Amount
	Senate District:	
Aggregate General Election	- Turke desk and	handred track witness the streether details
Evnenditure for this Candidate		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
Tun Name (Last, First, Middle Initial) of Lach Fayee		
		Category/
Mailing Address		Туре
City State	Zip Code	Date
		
Name of Federal Candidate Supported Office Soug		Amount
	Senate District:	
Aggregate General Flection	in the first of th	
Aggregate General Election Expenditure for this Candidate ▶		
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SUBTOTAL of Expenditures This Page (optional)	_	
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TOTAL This Period (last page this line number only)		and the second description of the second

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)
i HOE ONLY ONE OF OTION A D
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
——— Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
—— Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

PAGE OF		OF
---------	--	----

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTH/ITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommented the federal proportion of disbursements is based on the benef tivity. For PACs Gnly: Direct candidate support includes public commented and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	hod" where the federal properties of the properties of the federal cand the properties of the properties of the federal cand the properties of the properties of the federal candon unications or voter drives	to be derived, idates from the ac-
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
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SCHEDULE H3 (FEC Form 3X) TF Al

	FERS FROM NONFEDERAL ACC ATED FEDERAL / NONFEDERAL			PAGE OF
				FOR LINE 18a OF FORM 3X
IAME C	OF COMMITTEE (In Full)			
NAM	E OF ACCOUNT	DATE OF RECEIPT	1	MOUNT TRANSFERRED
BRE	AKDOWN OF TRANSFER RECEIVED			
j)	Total Administrative			
ii)	Generic Voter Drive			
lii)	Exempt Activities			
lv)	Direct Fundraising (List Activity or Event Iden	ntifier)		
	a)			
	b)	processing factor cycle seasons and processing recovery r		
	c) Total Amount Transferred For Direct Fundra	/ ising	8	
v)	Direct Candidate Support (List Activity or Ev		Garden de de la companya de la comp	Marie Marie Andrews (Marie Marie Andrews Andre
	a)	The state of the s	Ħ	
	b)			
	c) Total Amount Transferred For Direct Candid	ate Support		
vi)	Public Communications Referring Only to F	Party (Made by PAC)	₹	
	TOTALS FO	R BREAKDOWN OF TRANSFER REC	EIVED	
TOTAL	This Period (Administrative)			
TOTAL	This Period (Generic Voter Drive)	ter ordinare has the terminary	hamalovedl krankrass lives.	and the second of the second o
TOTAL	This Period (Exempt Activities)	***	35 - E	
TOTAL	This Period (Direct Fundraising)	The state of the s	3-271	it is
TOTAL	This Period (Direct Candidate Support)	N	4 4.	
TOTAL	This Period (Public Communications Referring	Only to Party)	l	allocated Domestics and Comment of Security Secu
TOTAL	This Period (Total Amount Transferred)			

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

PAGE	OF		
FOR LINE	21a OF	FORM	3X

NA	ME OF COMMITTEE (In Full)				
A.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	,		home hondered	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		·	Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
				/	
<u></u> В.	Full Name (Last, First, Middle Initial)			7	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
			/		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				and the second transfer with a self-rand are Sec.
	Activity or Event Identifier:	/		Category/	Emoquence prompt of the prompt
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
		lance/lancette	an(Dominion Seed)).e	eline observi Describer	hands a first the same of the
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			•••	Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		<u> </u>		
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
			a Dan Bandisow Da		modern Card Devolution of Devolution of the Control
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This	•		
	FEDERAL SHARE	+	NONFEDERAL		TOTAL AMOUNT
T/	OTAL This Period (last page for each line only)		77 - 8 - 8 - 17 and		are to 21(a)(ii))
10	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

LLOCATED FEDERAL ELECTION ACTIVITY to be used by State, District and Local Party Committee	only)	PAGE OF
NAME OF COMMITTEE (In Full)		FOR LINE 18b OF FORM 3X
VAINE OF COMMITTEE (III Full)		
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL	AMOUNT TRANSFERRED
HAWAY , TOUD		
Commission Commission		hada ahadin da Pirabaal
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration	<u> </u>	
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID		
iii) GOTV	GOTV	
Total Amount Transferred for GOTV		
in Conorio Compolan Activity	GENERIC	CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity		
NAME OF ACCOUNT DATE OF RECEIPT		AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTRATION	aaning
Total Amount Transferred for Voter Registration	8 - 47 - 42 - 42 - 42 - 42 - 42 - 42 - 42	
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID		
· · · · · · · · · · · · · · · · · · ·	GOTV	
iii) GOTV / Total Amount Transferred for GOTV		andment was beauthern.
	GENERIC	CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	hammed second second	nerestimen and proventitions and temperature of the rays
Total Filliage Transfer of Control Campaign Teatry III	Ledent de de	and and the desired the second
TOTALS FOR BREAKDOWN OF TRANS	ER RECEIVED (Last Page Only	<i>'</i>)
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TOTAL This Period (Voter Registration)		
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TOTAL This Period (Voter ID)		
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaign Activity)		and and the state of the state
TOTAL Tris Feriod (Generic Campaign Activity)	Engradien adhered Danash	
	***************************************	Andrew Control of the

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)

PAG	=		UF		
FOR	LINE	30a	OF	FORM	зх

AME OF COMMITTEE (In Full)		
A Full Alama (Last First Atiddle Initial) / Full Occasionation Name		Type of Allocated Activity or Event:
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Voter Registration GOTV
		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
Mailing Address		
City State Zip Code		And And Deckman
5.a.5 2.p 55a5		
Purpose of Disbursement		Men / Losol / Losos
	Category/ Type	Date
FEDERAL SHARE + LEVIN SHA		TOTAL AMOUNT
Secretary Secret Heavilland Institute Charles Sandard Landson Clares Constitute Constitu		
B. Full Name (Last, First, Middle Initial) / Full Organization Name	زر	Mpe of Allocated Activity or Event:
		Voter Registration GOTV
		Voter ID Generic Campaign
		Allocated Activity or Event Year-To-Date
Mailing Address		Participant Action of Exercise 10 participant
City State Zip Code		
State Zip Code		ACTION OF THE PROPERTY OF THE
Purpose of Disbursement	L.	[WEN] / [O-O-O-] / [-V-F-V-F-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-
To speed or biobards mark	Category/ Type	Date
		
FEDERAL SHARE + LEVIN SHA	ARE	= TOTAL AMOUNT
Construction of the self-transfer of the self-trans		Sandan Anni Northwesters (New York York)
C. Full Name (Last, First, Middle Initial) / Full Organization Name	ľ	Type of Allocated Activity or Event:
		Voter Registration GOTV
		Voter ID Generic Campaign
		Allegated Activity of Front Very To Date
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement		
T STPOSE OF BISBURGHIGH	Category/ Type	Date
FEDERAL SHARE + LEVIN SHA		= TOTAL AMOUNT
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UBTOTAL of Shared Federal and Levin Activity This Page		
FEDERAL SHARE + LEVIN SHA	ARF.	= TOTAL AMOUNT
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OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and		
FEDERAL SHARE		TOTAL AMOUNT
LEVIN SHA		The state of the s
OTAL This Period for the Levin Share		
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)					
NAM	NAME OF ACCOUNT					
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	The second second December of the contract of the second s	and the See See See See See See See			
	(b) Unitemized					
	(c) Total	Executions of the section of the sec				
2.	TOTAL RECEIPTS					
3.	(Add Lines 1c and 2)					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
		The second second of the second secon	A contract of the second secon			
	(c) GOTV(d) Generic Campaign					
	(e) Total	and the second s				
5.	OTHER DISBURSEMENTS		3			
6.	TOTAL DISBURSEMENTS	Andrew Standard Design	A			
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)					
8.	RECEIPTS(from Line 3)	more thanks to be a little to the second				
9.	SUBTOTAL(Add Lines 7 and 8)					
10.	DISBURSEMENTS(From Line 6)		Annual Control of Cont			
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)					

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

PAGE OF Use separate schedule(s) for each category of the FOR LINE NUMBER:

		Aggregation Page	(check only one)			
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<u> </u>	NAME OF COMMITTEE (In Full)					
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt			
Α.			Man \ Q C B \ \ Y Z Y Y Y Y Y Y Y			
	Mailing Address		handred based based and a			
	City State	Zip Code	Amount of Each Receipt this Period			
	Name of Employer or Principal Place of Business		Annual Vanda Pala			
	Occupation		Aggregate Year-to-Date			
	Occupation		Linia			
В.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt			
	Mailing Address		Man / Dad / Carly 24)			
	.	/	Amount of Each Receipt this Period			
	City State	Zip Code	Amount of Each Receipt this Period			
	Name of Employer or Principal Place of Business	/	Assurably Venda Pate			
	Occupation		Aggregate Year-to-Date			
	/					
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt			
C.	Mailian Address		HUH / DOOD / TOWN / YOU			
	Mailing Address	-				
	City	Zip Code	Amount of Each Receipt this Period			
	Name of Employer or Principal Place of Business		Acceptable View to Date			
	Occupation		Aggregate Year-to-Date			
	Full Name / and First Middle 1-12-10 (F. 11.0)					
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt			
	Mailing Address		Ladra			
	City State	Zip Code	Amount of Each Receipt this Period			
	Name of Employer or Principal Place of Business		Apprendix Vegrato-Date			
	Occupation		Aggregate Year-to-Date			
	•					
SI	UBTOTAL of Receipts This Page (optional)	<u> </u>	The state of the s			
TO	OTAL This Period (last page this line number only)	•				

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

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

FOR LINE NUMBI	ER:	PAGE	Ē	OF
FOR LINE NUMBI (check only one)	$\overline{}$		_	
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	∐,	4b _	4d	

OF LEVIN FUNDS	Aggregation rage	∟ 4b
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name 3.		Date of Disbursement
Mailing Address		, A a A 1 A A A
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Full Name (Last, First, Middle Initial) / Full Organization Name	/	Date of Disbursement
Mailing Address		M - M - 7 D - D - 7 Y - 3 Y - 3 Y - 9 Y
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) / Full Organization Name).		Date of Disbursement
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SUBTOTAL of Disbursements This Page (optional)	••••••••••••••••••••••••••••••••••••••	
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FROM:

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PRIORITY



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FROM: TRIENIX OF DYTABIT PAC PO BOX 36/089 CA 855 POINTY FIRMS, MI 48236

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ONMISSION
999 E STRFET NW
WASHINGTON, DC 20463

abel 228, July 2013

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Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER .	2 /3/14 DATE PREPARED

(8/2013)