| I<br>F       | FE<br>ORN       |                                                              | ND             | DISE                | OF REC<br>URSE       | AEN'                                                                                                           | rs ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | FEC M<br>2015 DEC | 31 A              |                                                                         |
|--------------|-----------------|--------------------------------------------------------------|----------------|---------------------|----------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|-------------------|-------------------------------------------------------------------------|
| 1.           | NAME (<br>COMMI | DF T<br>TTEE (in full)                                       | YPE OR I       | PRINT ¥             |                      | mple: If ty<br>r the lines                                                                                     | yping, type<br>i.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12FI      |                   | lse Only          |                                                                         |
| m            | 0.011           | facture                                                      |                | Ace                 | o i at               | 60                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o nd      |                   | [                 | Varl                                                                    |
|              |                 | Federal                                                      | _              |                     |                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                   |                   |                                                                         |
|              |                 |                                                              |                |                     | idewan               |                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                   | i ( )             | andaraa ahaa ahaa ahaa ahaa ahaa ahaa ahaa                              |
| ADI<br>V     |                 | 1                                                            | :              |                     |                      | and a second | had a summer of a grant of the state of the |           |                   |                   | ، بن میں اور میں کار میں بن میں اور |
|              | that            | ack il diflerent<br>n previously<br>orted. (ACC)             | Sur            | acus                |                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NY        | 136               | 214               |                                                                         |
| •            | ·               |                                                              | J              |                     | CITY A               |                                                                                                                | n na sana na s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE     |                   | ZIP CO            |                                                                         |
| 2.           | FEC ID          | ENTIFICATION NUN                                             |                |                     |                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | · ·       |                   |                   |                                                                         |
|              | CO              | 053291                                                       | 1              |                     | 3. IS THIS<br>REPORT | $\times$                                                                                                       | (N) OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . :       | AMENDED<br>(A)    | •                 |                                                                         |
| 4.           | TYPE (Choose    | OF REPORT<br>One)                                            | (b) Mor<br>Rep | Inc                 | Feb 20 (M2)          | 146-1415a7144-1441,004,007                                                                                     | May 20 (M5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ******    | Aug 20 (M8)       | ,                 | Nov 20 (M<br>(Non-Election<br>Year Only)                                |
|              | (a) Qua         | aterly Reports:                                              | (DDe           | on:                 | Mar 20 (M3)          |                                                                                                                | · Jun 20 (M6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | :<br>:    | Sop 20 (M9)       |                   | Dec 20 (M<br>(Non-Election<br>Year Only)                                |
|              |                 | April 15                                                     |                |                     | Apr 20 (M4)          |                                                                                                                | Jul 20 (M7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | Oct 20 (M10)      | I                 | Jan 31 (YE                                                              |
|              | v               | Quarterly Report (Q1)<br>July 15                             | (c)            | 12-Day<br>PRE-Elect | ion                  | Primary (*                                                                                                     | 12P)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G         | averal (12G)      |                   | Runoff (12F                                                             |
|              | X               | Quarterly Report (Q2)<br>October 15<br>Quarterly Report (Q3) | :              | Report to           |                      | Conventio                                                                                                      | n (12C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sf        | ecial (12S)       |                   |                                                                         |
|              |                 | January 31<br>Year-End Report (YE)                           | !              |                     | Election on          | х М                                                                                                            | 5 B B 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y sy'     | yf 3<br>New y     | in the<br>State o | đ                                                                       |
|              |                 | July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY)  | (d)            | 30-Day<br>POST-Ete  |                      | General (                                                                                                      | 30G)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R         | inofi (30R)       |                   | Special (30                                                             |
| • •          | ÷               | Termination Report .<br>(TER)                                |                | Report for          | _                    | ំ ស អា                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                   | in the<br>State o |                                                                         |
|              |                 |                                                              | . n            | н., <u>ү</u>        | V V V V L            |                                                                                                                | en alter ander ander<br>El ignifision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | ີ<br>ຄົງ ທີ່ອຸ    |                   |                                                                         |
| <b>5</b> . ' | Covering        | Period 04                                                    | · O            | 1                   | 015                  |                                                                                                                | h D°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 3       | D 20              | V S               |                                                                         |
| I CO         | -               | I have examined this                                         |                |                     | ~ ~                  | 1                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | uo, com   | ect and comple    | ne.               |                                                                         |
| -            | e or Prin       | Name of Treasurer                                            | re             | )hn                 | F. U.                | sta                                                                                                            | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                   |                   |                                                                         |
| Тур          |                 | Treasurer                                                    |                | - i                 | - UM                 | •<br>•                                                                                                         | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date      | 121               |                   | 2019                                                                    |
|              | nature of       |                                                              | / I            |                     |                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                   |                   |                                                                         |
| Sigi         |                 | ission of false, erroneo                                     | us, or linc    | omplete inf         | ormation may su      | bject lhe j                                                                                                    | person signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ihis Repo | ort to the penalt | ies of 2 l        | J.S.C. §437g                                                            |

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| <u>N</u> |                                                                                                                     | c. of Contral N                                                                                                                                                                                                                   | $[R^{0} \rightarrow R^{-} + D^{0} \rightarrow D^{0} \rightarrow R^{-} + N^{-} + N^{$ |
|----------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                                                     | COLUMN A<br>This Period                                                                                                                                                                                                           | COLUMIN B<br>Calendar Year-to-Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (        | a) Cash on Hand<br>January 1, 2015                                                                                  |                                                                                                                                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (        | b) Cash on Hand at<br>Beginning of Reporting Period                                                                 | он на должи на должи на селото се<br>Селото селото |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (        | c) Total Receipts (from Line 19)                                                                                    | 1,750,00                                                                                                                                                                                                                          | 1,750.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (        | <ul> <li>d) Subtotal (add Lines 6(b) and<br/>6(c) for Column A and Lines<br/>6(a) and 6(c) for Column B)</li> </ul> | 175000                                                                                                                                                                                                                            | 175000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1        | fotal Disbursements (from Line 31)                                                                                  | 100800                                                                                                                                                                                                                            | 1,00800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| F        | Cash on Hand at Close of<br>Reporting Period<br>subtract Line 7 from Line 6(d)}                                     | 74200                                                                                                                                                                                                                             | .74200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| t        | Debts and Obligations Owed <b>TO</b><br>he Committee (Itemize all on<br>Schedule C and/or Schedule D)               | 00                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| t        | Debts and Obligations Owed BY<br>he Committee (Itemize all on<br>Schedule C and/or Schedule D)                      | 00                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## For further information contact:

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

Toll Free 600-424-9530 Local 202-694-1100

. 0

FEGANOZB

| FEC Form 3X (Rev. 08/2004)                                                                 | DETAILED SUMMARY PAGE<br>of Receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page 3                                                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Write or Type Committee Name                                                               | oc of Contral N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 Too Todami Da                                                                                                 |
|                                                                                            | $\mathbf{S}_{\mathbf{x}}^{(1)} = \mathbf{\hat{p}}_{\mathbf{x}}^{(1)} \mathbf{u}_{\mathbf{x}}^{(1)} \mathbf{v}_{\mathbf{x}}^{(1)} \mathbf{y}_{\mathbf{x}}^{(1)} \mathbf{y}_$ |                                                                                                                 |
| Report Covering the Period: From:                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| I. Receipts                                                                                | COLUMN A<br>Total This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COLUMN B<br>Calendar Year-to-Date                                                                               |
| 1. Contributions (other than loans) From:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| (a) Individuals/Persons Other<br>Than Political Committees                                 | e e de la companya d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and a second state of the second state of the                                                                   |
| (i) Itemized (use Schedule A)                                                              | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| (ii) Uniternized                                                                           | 1,750.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.150.00                                                                                                        |
| (iii) TOTAL (add                                                                           | and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 化二氟基苯基基苯基基苯基苯基基苯基基基基基苯基基基基基                                                                                     |
| Linas 11(a)(i) and (ii)                                                                    | 1, 7 50 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.75000                                                                                                         |
| (h) Dolitical Darty Committees                                                             | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
| (b) Political Party Committees                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| (such as PACs)                                                                             | ) <b>() 00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 000                                                                                                             |
| (d) Total Contributions (add Lines                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| 11(a)(iii), (b), and (c)) (Carry                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| Totals to Line 33, page 5)                                                                 | 175000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1,750.00                                                                                                        |
| 2. Transfers From Alfiliated/Other                                                         | 2.0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Party Committees                                                                           | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D O O                                                                                                           |
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| 3. All Loans Received                                                                      | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
| A Luce Descurrente Descined                                                                | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 000                                                                                                             |
| 4. Loan Repayments Received                                                                | $\mathbf{O} = \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 000                                                                                                             |
| (Refunds, Rebates, etc.)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| (Carry Totals to Line 37, page 5)                                                          | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.00                                                                                                            |
| 6. Refunds of Contributions Made                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| to Federal Candidates and Other                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| Political Committees                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 000                                                                                                             |
| 7. Other Federal Receipts                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| (Dividends, Interest, etc.)                                                                | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\mathbf{O}$                                                                                                    |
| <ol> <li>Transfers from Non-Federal and Levin Fund<br/>(a) Non-Federal Account</li> </ol>  | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |
| (from Schedule H3)                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | QQQ                                                                                                             |
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| (b) Levin Funds (from Schedule H5)                                                         | C.CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 000                                                                                                             |
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| (c) Total Transfers (add 18(a) and 18(b))                                                  | OOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 600                                                                                                             |
| <ol> <li>Total Receipts (add Lines 11(d),<br/>12, 13, 14, 15, 16, 17, and 18(c))</li></ol> | ן אס ס אר א<br>ס א ס א                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1,75000<br>D.DD                                                                                                 |
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## DETAILED SUMMARY PAGE

of Disbursements

|         | FEC Form 3X (Rev. 02/2003)                                                                  | OI DISDUISONIMINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|         | II. Disbursements                                                                           | COLUMN A<br>Total This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 21.     | Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (i) Federal Share                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (ii) Non-Federal Share                                                                      | ∩                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|         | (b) Other Federal Operating                                                                 | $\mathbf{V}_{i}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|         | Expenditures                                                                                | $\mathbf{D}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|         | (c) Total Operating Expenditures                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (add 21(a)(i), (a)(ii), and (b))                                                            | $\mathbf{O}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | $\bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 22.     | Transfers to Affiliated/Other Party                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 23.     | Committees                                                                                  | $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i$                                                                                                                                                                                                                 | $\mathcal{O}_{\mathcal{O}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | Federal Candidates/Committees                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 24      | and Other Political Committees<br>Independent Expenditures                                  | 00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 6.71    | (use Schedule E)                                                                            | $\mathbf{\hat{\mathbf{h}}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 25.     | Coordinated Party Expenditures<br>(2 U.S.C. §441a(d))                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (use Schedule F)                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|         |                                                                                             | $\sum_{i=1}^{n} \frac{1}{2} \sum_{i=1}^{n} \frac{1}{2} \sum_{i$     | a series de la companya de la compan<br>La companya de la comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 26.     | Loan Repayments Made                                                                        | <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|         | Loans Made<br>Refunds of Contributions To:                                                  | en e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | $\sim$ is a set of the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | (a) Individuals/Persons Other<br>Than Political Committees                                  | n n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|         | (b) Political Party Committees                                                              | <b>O</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|         | (c) Other Political Committees                                                              | and the second secon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|         | (d) Total Contribution Refunds                                                              | $\mathcal{O}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\mathbf{N} = \mathbf{N} + $ |
|         | (add Lines 28(a), (b), and (c))                                                             | $\mathbf{U}_{\mathrm{rel}}$ , where $\mathbf{V}_{\mathrm{rel}}$ is the set of $\mathbf{V}_{\mathrm{rel}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 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| 29.     | Other Disbursements                                                                         | 800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 43.     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 30.     | Federal Election Activity (2 U.S.C. §431(20))                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (a) Allocated Federal Election Activity                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (from Schedule H6)                                                                          | in a set of the set of the Stephen structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | $(-\infty)^{1/2}$ where the end of the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|         | (i) Føderal Share                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $= \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|         | (ii) "Levin" Share                                                                          | $\sum_{i=1}^{n} \frac{1}{2} \left( \sum_{i=1}^{n} \frac{1}{2} \sum$ | . The constraints of the set of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | (b) Federal Election Activity Paid Entirely<br>With Federal Funds                           | <b>A</b> ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|         | (c) Total Federal Election Activity (add                                                    | . In the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | Lines 30(a)(i), 30(a)(ii) and 30(b))                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 31.     | Total Disbursements (add Lines 21(c), 22,                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                                    | 100800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <u></u> |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\mathbf{A}_{1} = \mathbf{A}_{1} + \mathbf{A}_{2} + \mathbf{A}_{1} + \mathbf{A}_{2} + \mathbf{A}_{2} + \mathbf{A}_{3} $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 32.     | Total Federal Disbursements                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|         | (subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)                                | 668001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Г           | -<br>FEC Form 3X (Rev. 02/2003)                                            | DETAILED SUMMARY PAGE<br>of Disbursements | Page 5                            |
|-------------|----------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|
| 111         | Net Contributions/Operating Expenditures                                   | COLUMN A<br>Total This Period             | COLUMN B<br>Calendar Year-to-Date |
| 33.         | Total Contributions (other than toans)<br>(from Line 11(d), page 3)        | 175000                                    | 175000                            |
| <b>34</b> . | Total Contribution Relunds<br>(from Line 28(d))                            | 000                                       | 000                               |
| <b>35</b> . | Net Contributions (other than loans)<br>(subtract Line 34 from Line 33)    | 060                                       | 66071,1                           |
| 36.         | Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) | 000                                       | 000                               |
| <b>37</b> . | Offsets to Operating Expenditures<br>(from Line 15, page 3)                | OC C                                      | 000                               |
| 38.         | Net Operating Expenditures<br>(subtract Line 37 from Line 36)              | 000                                       | 060                               |

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| SCHEDULE A (FEC Form :<br>ITEMIZED RECEIPTS                                       | Use separate schedule<br>for each category of the<br>Detailed Summary Pag | $\begin{array}{c c c c c c c c c c c c c c c c c c c $                                                        |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| or for commercial purposes, other than usi<br>NAME OF COMMITTEE (In Full)         | ng the name and address of any political com                              | any person for the purpose of soliciting contributions numittee to solicit contributions from such committee. |
| A<br>Mailing Address<br>City                                                      | State Zip Code                                                            | Date of Receipt                                                                                               |
| FEC ID number of contributing<br>lederal political committee.                     | C                                                                         | Amount of Each Receipt this Period                                                                            |
| Receipt For:<br>Primary General<br>Other (specily) ¥                              | Aggregale Year-to-Date V                                                  | 0                                                                                                             |
| Full Name (Last, First, Middle Initial)<br>3.<br>Mailing Address                  |                                                                           | Date of Receipt                                                                                               |
| Cily                                                                              | State Zip Code                                                            | Amount of Each Receipt this Period                                                                            |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer | C                                                                         |                                                                                                               |
| Receipt For:<br>Primary General<br>Other (specify) •                              | Aggregate Year-to-Date V                                                  | 0                                                                                                             |
| Full Name (Lasi, First, Middle Inilial)                                           |                                                                           | Date of Receipt                                                                                               |
| Mailing Address                                                                   | an ann an an an an an an an an ann ann                                    | e o n o v v                                                                                                   |
| Cily                                                                              | State Zip Code                                                            | Amount of Each Receipt this Period                                                                            |
| FEC ID number of contributing<br>federal political committee.                     | <b>C</b>                                                                  |                                                                                                               |
| Name of Employer                                                                  | Occupation                                                                |                                                                                                               |
| Receipt For:<br>Primary General<br>Other (specily) ▼                              | Aggregute Year-to-Date ♥                                                  | 0                                                                                                             |
|                                                                                   | al)                                                                       |                                                                                                               |

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| SCHEDULE B (FEC Form 3X)                                                                                     | ſ ·····                                           | Tropung                               | NUMBER PAGE OF                           |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|------------------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                       | Use separate schedule(s)                          | FOR LINE<br>(check only               |                                          |
|                                                                                                              | for each cutegory of the<br>Dutailed Summary Page | 210                                   | 22 23 24 25 26                           |
| r                                                                                                            |                                                   | 27                                    | 28a 28b 28c 29 30b                       |
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the name |                                                   |                                       |                                          |
| NAME OF COMMITTEE (In Fuß)                                                                                   | and address of any position                       |                                       | - COMM CONTINUED IN THAT SUCH COMMINIES. |
|                                                                                                              | $ \land \land \land \land \land$                  | ATV1                                  |                                          |
| Full Name (Last, First, Middla Initial)                                                                      | ot ("entral                                       | NY                                    | Inc. Federal PAC                         |
| <b>A</b>                                                                                                     |                                                   |                                       | Date of Disbursement                     |
| Katko John L.<br>Mailing Address                                                                             |                                                   |                                       | 05 29 2015                               |
| Tha Erio Rudulost                                                                                            |                                                   |                                       | 0.0 2.1 201.0                            |
| City S                                                                                                       | itale Zip Code                                    |                                       |                                          |
| Sy vacuse<br>Purposta of Disbursament                                                                        | NY 13204                                          |                                       |                                          |
| Katko Fur Congress                                                                                           | •                                                 |                                       | Amount of Each Disbursement this Period  |
|                                                                                                              |                                                   | Calegory/                             | 100000                                   |
| JOHN KATKO<br>Office Sought: Mouse Disburser                                                                 | iént For:                                         | Турв                                  |                                          |
| Senato                                                                                                       | Primary General                                   | ļ                                     |                                          |
|                                                                                                              | Other (specily) 🔻                                 | ļ                                     |                                          |
| State: NY District: 241                                                                                      |                                                   |                                       |                                          |
| Fuil Name (Lest. First, Middle Initial)<br>B.                                                                |                                                   |                                       | Date of Disbursement                     |
|                                                                                                              |                                                   | · .                                   | a Brenn President d                      |
| Mailing Address                                                                                              |                                                   |                                       |                                          |
| City S                                                                                                       | late Zip Code                                     |                                       |                                          |
| Purpose of Disbursoment                                                                                      |                                                   | · · · · · · · · · · · · · · · · · · · |                                          |
| Confront of Manufactures.                                                                                    |                                                   |                                       | Amount of Each Disbursement this Period  |
| Candidate Name                                                                                               |                                                   | Category/                             | $\sim$                                   |
|                                                                                                              |                                                   | Туре                                  | · · · · · ·                              |
| Office Sought: House Disbursem<br>Senate                                                                     | ent For:<br>Primary General                       |                                       |                                          |
|                                                                                                              | Other (specify)                                   |                                       |                                          |
| State: District:                                                                                             |                                                   | ]                                     |                                          |
| Full Name (Last, First, Middle Initial)                                                                      |                                                   |                                       | Data at Distances                        |
| С.                                                                                                           |                                                   |                                       | Date of Disbursement                     |
| Mailing Address                                                                                              |                                                   |                                       | n a an  |
| Cily S                                                                                                       | late Zip Code                                     |                                       |                                          |
| -                                                                                                            |                                                   |                                       |                                          |
| Purpose of Disbursement                                                                                      |                                                   |                                       | Amount of Each Disbursement this Period  |
| Candidate Name                                                                                               |                                                   | Category/                             |                                          |
|                                                                                                              |                                                   | Туре                                  | $\mathcal{O}$                            |
| Office Sought: House Disbursem<br>Senate                                                                     | ent For:<br>Primary General                       |                                       |                                          |
|                                                                                                              | Other (specify)                                   | •                                     |                                          |
| State: District:                                                                                             |                                                   |                                       |                                          |
|                                                                                                              |                                                   |                                       |                                          |
| SUBTOTAL of Disbursements This Page (optional)                                                               |                                                   | •                                     | ji () a.                                 |
| TOTAL This Period (last page this line number only).                                                         |                                                   |                                       | 1,00000                                  |
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# SCHEDULE C (FEC Form 3X)

| DANS                                                                                                                                                                                                                                                                                                      | Use separate sche<br>for each category o<br>Detailed Summary | if the                    | OF<br>E 13 OF FORM 3X  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------|------------------------|
| AME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                | Denaneu Sunenary                                             | rage .                    |                        |
| Manufactures Assoc of a                                                                                                                                                                                                                                                                                   | entral NY                                                    | Inc. Fec                  | leral PAC              |
|                                                                                                                                                                                                                                                                                                           | · ·                                                          | Primary<br>General        |                        |
| Mailing Address                                                                                                                                                                                                                                                                                           |                                                              | Other (spec               | uily) 🔻                |
| City State ZIF                                                                                                                                                                                                                                                                                            | ° Code                                                       |                           |                        |
| Original Amount of Loan Cumulative Paymer                                                                                                                                                                                                                                                                 |                                                              | Balance Outstanding       | at Close of This Perio |
| TERMS Date incurred Date                                                                                                                                                                                                                                                                                  | Due Interest                                                 |                           | Secured:               |
| Date Incurred Date<br>A 7 Auto 106 or 1975 A 1977 Auto 1070 6 199<br>A 1997 Auto 106 or 1975 A 1977 Auto 1070 6 1997<br>A 1997 A 1997<br>A 1997 A 1997 |                                                              | "% (apr)                  |                        |
| List All Endorsers or Guarantors (if any) to Loan Source                                                                                                                                                                                                                                                  |                                                              |                           |                        |
| 3. Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                | Name of Employer                                             | • •                       | •                      |
| Mailing Address                                                                                                                                                                                                                                                                                           | Occupation                                                   |                           | · · ·                  |
| City State ZIP Code                                                                                                                                                                                                                                                                                       | Amount<br>Guaranteed<br>Outstanding:                         | 3 D                       | ට                      |
| 2. Full Name (Lasi, First, Middle Initial)                                                                                                                                                                                                                                                                | Name of Employer                                             |                           |                        |
| Mailing Address                                                                                                                                                                                                                                                                                           | Occupation                                                   | :<br>                     |                        |
| City Stale ZIP Code                                                                                                                                                                                                                                                                                       | Amount<br>Guarantoed                                         |                           | . C                    |
| 3. Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                | Outstanding:<br>Name of Employer                             |                           |                        |
| Mailing Address                                                                                                                                                                                                                                                                                           | Occupation                                                   |                           |                        |
|                                                                                                                                                                                                                                                                                                           | Amount                                                       |                           | · · ·                  |
| City State ZIP Code                                                                                                                                                                                                                                                                                       | Guaranteed<br>Outstanding:                                   | ) v                       | د                      |
| 4. Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                | Name of Employer                                             | <u></u>                   | ····                   |
| Mailing Address                                                                                                                                                                                                                                                                                           | Occupation                                                   |                           |                        |
| Cily State ZIP Code                                                                                                                                                                                                                                                                                       | Amount<br>Guaranteed<br>Outstanding:                         |                           | ð.                     |
| UBTOTALS This Period This Page (optional)                                                                                                                                                                                                                                                                 | ••••••                                                       | ţ                         | ()                     |
| OTALS This Period (last page in this line only)                                                                                                                                                                                                                                                           |                                                              |                           |                        |
| arry outstanding balance only to LINE 3, Schedule D, for this line                                                                                                                                                                                                                                        | والأعيشية لمعيدة بالمداد الجمالاتين المداعاة فيسأماه         | مرجعيني مرجعي مرجعي مرجعي |                        |

| SCHEDULE C-1 (FEC Form 3X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| OANS AND LINES OF CREDIT FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| ederal Election Commission, Washington, D.C. 20463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| NAME OF COMMITTEE (In Fuli)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| LENDING INSTITUTION (LENDER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| A. Has loan been restructured? No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Il yes, date originally incure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d second se |
| B. If line of credit,<br>Amount of this Draw:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| C. Are other parties secondarily tiable for the dobt in<br>No Yes (Endorsers and guarantom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| D. Are any of the following pledged as collateral for<br>property, goods, negotiable instruments, certificate<br>stocks, accounts receivable, cash on deposit, or o<br>No Yes II yes, specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s of deposit, chattel papers,<br>other similar traditional collateral? 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| E. Are any future contributions or future receipts of la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I area honded as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | interest in it? 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| Collateral for the loan? 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| A depository account must be established pursuan<br>to 11 CFR 100.82(e)(2) and 100.142(e)(2).<br>Date account established:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| collateral for the loan?       No       Yes       If yes         A depository account must be established pursual to 11 CFR 100.82(e)(2) and 100.142(e)(2).       Date account established:         Date account established:       If yes       If yes         If neither of the types of collateral described above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| DEBTS AND OBLIGATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | for each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (check only one)                                 | <sup>//</sup> ]9        |
| Excluding Loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               | numbered line)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · .                                              | 10                      |
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · ·                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                         |
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| A. Full Name (Last, First, Middle Initial) of Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or Creditor                                                   | Nature of C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lebt (Purpose):                                  |                         |
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| 2) TOTALS This Period (last page this line number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nly)                                                          | >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - I ÷                                            | $\mathcal{O}$           |
| 3) TOTAL OUTSTANDING LOANS from Schedule C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (last page only)                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | 6                       |
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| 4) ADD 2) and 3) and carry forward to appropriate li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne of Summary Page (last page on                              | ly) 🕨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t F                                              | $\mathcal{O}$           |

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| Name of Federal Candidate Supported or Opposed by Exp                                                                                                                                         |                                                                                                      | President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                               | STALLIC.                                                                                             | Check One: Support Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Colendar Year-To-Date Per Election                                                                                                                                                            |                                                                                                      | Disbursement For: Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| for Office Sought                                                                                                                                                                             | $\cdot$                                                                                              | Other (specily)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name (Last, First, Middle Initial) of Payee                                                                                                                                              | ,                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| . •                                                                                                                                                                                           |                                                                                                      | $\hat{M} = (\hat{x} - \hat{x}^{-1}) \hat{H}^{-1} \hat{D}^{-1} \hat{y}^{-1} \hat{y}^{-1} \hat{V}^{-1} \hat{V}^{-1$                                                                                                                                                          |
| Mailing Address                                                                                                                                                                               |                                                                                                      | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City State                                                                                                                                                                                    | Zip Coda                                                                                             | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                               |                                                                                                      | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Purpose of Expenditure                                                                                                                                                                        | Category/                                                                                            | Office Sought: House State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                               | Туре                                                                                                 | Senate District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name of Foderal Candidate Supported or Opposed by Exp                                                                                                                                         | iondituro:                                                                                           | Check One: Support Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                       | , . D                                                                                                | Disbursement For: Primary General<br>Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                               |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (a) SUBTOTAL of Remized Independent Expenditures                                                                                                                                              |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                               |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (b) SUBTOTAL of Uniternized Independent Expenditures                                                                                                                                          | المحمد و مرتبع مار مرتبع و المحرف و ا | • O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                               |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (c) TOTAL Independent Expenditures                                                                                                                                                            |                                                                                                      | ·····• • · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Under penalty of perjury I certify that the independent expe<br>with, or at the request or suggestion of, any candidate or at<br>party committee) any political party committee or its agent. | nditures reported herein we<br>thorized committee or ager                                            | ire not made in cooperation, consultation, or concert<br>it of alther, or (if the reporting entity is not a political                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                               |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Skipstura                                                                                                                                                                                     | C                                                                                                    | ate .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signature                                                                                                                                                                                     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| LITICAL PARTY COMMITTE                                                                                                                                                                                                                                                          |                                                       |                                             | E                   |                                                                                                                | PAGE                                                                                           | OF                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------|
| U.S.C. 8441a(d))                                                                                                                                                                                                                                                                | be used only by                                       |                                             |                     | ieneral Election)                                                                                              | FOR LINE 25                                                                                    | OF FORM                          |
| ME OF COMMITTEE (IN FUIL)                                                                                                                                                                                                                                                       | <u> </u>                                              |                                             |                     | Edural PAC                                                                                                     | Chei<br>24-h                                                                                   | ck il<br>Iour notic <del>o</del> |
| your committee been designated to ma<br>rdinated expenditures by a political party<br>YES NO<br>ES, name the designating committee:                                                                                                                                             | y committee?                                          | I Name of Sub<br>iling Address              | ordinate Commit     | 188                                                                                                            |                                                                                                |                                  |
|                                                                                                                                                                                                                                                                                 | City                                                  | y                                           |                     | Stat                                                                                                           | le ZIP (                                                                                       | Code                             |
| Full Name (Last, First, Middle Initial) of                                                                                                                                                                                                                                      | Each Payee                                            |                                             |                     | Purpose of Expe                                                                                                | inditure                                                                                       |                                  |
|                                                                                                                                                                                                                                                                                 |                                                       |                                             |                     |                                                                                                                | · . ·                                                                                          | Category                         |
| Malling Address to the Market Address                                                                                                                                                                                                                                           | 1. 1. 1. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |                                             |                     | Date                                                                                                           |                                                                                                | Туре                             |
| City                                                                                                                                                                                                                                                                            | State                                                 | Zip Code                                    | <u> </u>            |                                                                                                                | isioni γiş¥i<br>Statisti                                                                       |                                  |
| Name of Federal Candidate Supported                                                                                                                                                                                                                                             | Office Sought:                                        | House<br>Senate                             | State:<br>District: | Amount                                                                                                         |                                                                                                | $\sim$                           |
|                                                                                                                                                                                                                                                                                 |                                                       | Presidential                                | 1                   |                                                                                                                |                                                                                                |                                  |
|                                                                                                                                                                                                                                                                                 |                                                       | Presidential                                |                     |                                                                                                                | sed Due to Op;<br>S.C. §441a(i)/4                                                              |                                  |
| Aggregate General Election<br>Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of                                                                                                                                                                      | •                                                     |                                             | Ö                   | Limit Rais                                                                                                     | sed Due to Opj<br>S.C. §441a(i)/4                                                              |                                  |
| Expenditure for this Candidate >                                                                                                                                                                                                                                                | •                                                     |                                             |                     | Limit Rais<br>ing (2 U.S<br>Purpose of Expe                                                                    | sed Due to Opj<br>S.C. §441a(i)/4                                                              | \$1a-1)                          |
| Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address                                                                                                                                                                                 | Each Payee                                            |                                             |                     | Limit Rais<br>ing (2 U.S                                                                                       | sed Due to Opj<br>S.C. §441a(i)/4<br>mdlfure                                                   | tia-1)<br>Categor                |
| Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address<br>City                                                                                                                                                                         | Each Payee<br>State                                   |                                             | State:              | Limit Rais<br>ing (2 U.S<br>Purpose of Expe<br>Date<br>Amount , 1                                              | sed Due to Opp<br>S.C. §441a(i)/4<br>inditure                                                  | tia-1)<br>Catego                 |
| Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address<br>City<br>Name of Federal Candidato Supported<br>Aggregate General Election                                                                                                    | Each Payee<br>State                                   | Zip Code<br>House<br>Senate                 |                     | Limit Rais<br>ing (2 U.S<br>Purpose of Expe<br>Date<br>Amount , 1<br>Limit Rais<br>ing (2 U.S                  | sed Due to Opp<br>S.C. §441a(i)/4<br>inditure<br>sed Due to Opp<br>S.C. §441a(i)/4             | Categou<br>Type                  |
| Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address<br>City<br>Name of Federal Candidato Supported<br>Aggregate General Election<br>Expenditure for this Candidate                                                                  | Each Payee<br>State<br>Office Sought:                 | Zip Code<br>House<br>Senate<br>Presidential |                     | Limit Rais<br>ing (2 U.S<br>Purpose of Expe<br>Date<br>Amount 1                                                | sed Due to Opp<br>S.C. §441a(i)/4<br>inditure<br>sed Due to Opp<br>S.C. §441a(i)/4             | Category<br>Type                 |
| Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address<br>City<br>Name of Federal Candidato Supported<br>Aggregate General Election<br>Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of                    | Each Payee<br>State<br>Office Sought:                 | Zip Code<br>House<br>Senate<br>Presidential |                     | Limit Rais<br>ing (2 U.S<br>Purpose of Expe<br>Date<br>Amount , 1<br>Limit Rais<br>ing (2 U.S                  | sed Due to Opp<br>S.C. §441a(i)/4<br>inditure<br>sed Due to Opp<br>S.C. §441a(i)/4             | Categou<br>Type                  |
| Expenditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address<br>City<br>Name of Federal Candidato Supported<br>Aggregate General Election<br>Expanditure for this Candidate<br>Full Name (Last, First, Middle Initial) of<br>Mailing Address | Each Payee<br>State<br>Office Sought:                 | Zip Code<br>House<br>Senate<br>Presidential |                     | Limit Rais<br>ing (2 U.S<br>Purpose of Expe<br>Date<br>Amount , 1<br>Limit Rais<br>ing (2 U.S                  | sed Due to Opp<br>S.C. §441a(i)/4<br>inditure<br>sed Due to Opp<br>S.C. §441a(i)/4<br>inditure | Categor<br>Type                  |
| Expenditure for this Candidate >                                                                                                                                                                                                                                                | Each Payee<br>State<br>Office Sought:<br>Each Payee   | Zip Code<br>House<br>Senate<br>Presidentia  | State:<br>District: | Limit Rais<br>ing (2 U.S<br>Purpose of Expe<br>Date<br>Amount 1<br>Limit Rais<br>ing (2 U.S<br>Purpose of Expe | sed Due to Opp<br>S.C. §441a(i)/4<br>inditure<br>sed Due to Opp<br>S.C. §441a(i)/4<br>inditure | Categor<br>Type                  |

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

## 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)

facturers Assoc of Central NY Federal PAC 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)

## **B.** Separate Segregated Funds and Nonconnected Committees

| Flat Minimum Fed                                                                               | eral Percentage            |                          |                         |         |  |
|------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-------------------------|---------|--|
| If the committee will allocate using the flat minimum percentage of 50% federal funds, check O |                            |                          |                         |         |  |
| If the committee is                                                                            | spending more than 50% led | leral lunds, indicate ra | ntio below              |         |  |
| Federal                                                                                        | *****                      |                          |                         |         |  |
| Nonfedera                                                                                      | l                          |                          | т <u>у</u> .            |         |  |
| This ratio applies to                                                                          | (check all that apply):    | · · ·                    |                         |         |  |
| Administrative                                                                                 | Generic Voter Drive        | Public Communi           | cations Referencing Par | ty Only |  |

FEC Schedulo H1 (Form 3X) Rev. 12/2004

# SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

| NAME OF COMMITTEE (In Full)<br>Manifacturers Assoc. of Contral NY Inc. Federal PAC                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------|--|--|
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | F             |  |  |
| ACTIVITIES APPEARING ON THIS REPORT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | •             |  |  |
| Methods of allocation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - and a contraction of the set |               |  |  |
| <ol> <li>FUNDRAISING activities are allocated using the "lunds received meth<br/>expenses must equal the federal proportion of monles raised.</li> </ol>                                                                                                                                                                                                                                                                                                                                              |                                |               |  |  |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. |                                |               |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [                              | I             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEDERAL %                      | NONFEDERAL %  |  |  |
| ACTIVITY IS:<br>Fundraising Direct Candidate Support                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · · · · ·                      |               |  |  |
| CHECK IF THE RATIO IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 <sup>0</sup> /2              | 14            |  |  |
| New Revised Same as Previously Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |               |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEDERAL %                      | NONFEDERAL %  |  |  |
| ACTIVITY IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |               |  |  |
| Fundraising Direct Candidate Support<br>CHECK IF THE RATIO IS:                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |               |  |  |
| New Revised Same as Previously Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |               |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEDERAL %                      | NONFEDERAL %  |  |  |
| ACTIVITY IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEUERUL D                      | NUNFEUERAL 70 |  |  |
| Fundraising Direct Candidate Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |               |  |  |
| CHECK IF THE RATIO IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · ·                        |               |  |  |
| New Revised Same as Proviously Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |               |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEDERAL %                      | NONFEDERAL %  |  |  |
| ACTIVITY IS:<br>Fundraising Direct Candidate Support                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | • • •/        |  |  |
| CHECK IF THE RATIO IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·, · ///                       |               |  |  |
| New Revised Same as Previously Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |               |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEDERAL %                      | NONFEDERAL %  |  |  |
| ACTIVITY IS:<br>Fundraising Direct Candidate Support                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | -<br>-        |  |  |
| CHECK IF THE RATIO IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. A. 1997                     | $h_{\rm R}$   |  |  |
| New Revised Same as Previously Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |               |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEDERAL %                      |               |  |  |
| ACTIVITY IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | reverval 70                    | NONFEDERAL %  |  |  |
| Fundraising Direct Candidate Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |               |  |  |
| CHECK IF THE RATIO IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |               |  |  |
| New Revised Same as Previously Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                              |               |  |  |

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FEC Schedule H2 (Form 3X) Rev. 12/2004

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

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|                                                  | ·····                                                                                                                                                                                                                             | FOR LINE 180 OF FORM 3X                      |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Manufactures Assoc                               | of Contral NY ]                                                                                                                                                                                                                   | Inc. Federal PAC                             |
| NAME OF ACCOUNT                                  | DATE OF RECEIPT                                                                                                                                                                                                                   | TOTAL AMOUNT TRANSFERRED                     |
|                                                  |                                                                                                                                                                                                                                   | , O                                          |
| BREAKDOWN OF TRANSFER RECEIVED                   |                                                                                                                                                                                                                                   |                                              |
| i) Total Administrative                          |                                                                                                                                                                                                                                   | ан<br>1917 - Алариан Алариан, арын алар Алар |
| ii) Generic Voter Drive                          |                                                                                                                                                                                                                                   | $\mathcal{O}$                                |
| lii) Exempt Activities                           |                                                                                                                                                                                                                                   |                                              |
| iv) Direct Fundraising (List Activity or Event i | identifter)                                                                                                                                                                                                                       |                                              |
| a)                                               | O                                                                                                                                                                                                                                 |                                              |
| b)                                               | _ 0                                                                                                                                                                                                                               |                                              |
| c) Total Amount Transferred For Direct Fun       | draising                                                                                                                                                                                                                          | о<br>С                                       |
| v) Direct Candidate Support (List Activity or    | Event Identifier)                                                                                                                                                                                                                 |                                              |
| a)                                               | - , , O                                                                                                                                                                                                                           | · · ·                                        |
| b)                                               | O                                                                                                                                                                                                                                 | ·                                            |
| c) Total Amount Transforred For Direct Can       | didate Support                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·        |
| vi) Public Communications Referring Only t       | e Party (Made by PAC)                                                                                                                                                                                                             | $\sim$                                       |
| TOTALS                                           | FOR BREAKDOWN OF TRANSFER RECEIVE                                                                                                                                                                                                 | Đ                                            |
| TOTAL This Period (Administrative)               | на страна и славна и<br>И славна и с | $\mathcal{O}$                                |
| TOTAL This Period (Generic Voter Drive)          | ۰۰۰۰<br>۲۲                                                                                                                                                                                                                        | <b>O</b>                                     |
| TOTAL This Period (Exempt Activities)            | ······                                                                                                                                                                                                                            | 0                                            |
| TOTAL This Period (Direct Fundraising)           | ······                                                                                                                                                                                                                            |                                              |
| TOTAL This Period (Direct Candidate Support)     |                                                                                                                                                                                                                                   | , O                                          |
| TOTAL: This Period (Public Communications Referr |                                                                                                                                                                                                                                   | О                                            |
| TOTAL This Period (Total Amount Transferred)     |                                                                                                                                                                                                                                   |                                              |

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FEC Schedule NS (Form SX) Rev. 12/2004

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| S  | CHEDULE H4 (FEC Form 3X)                                       |                                        |                                                                                                                                                                                                            |
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|    | SBURSEMENTS FOR ALLOCATED                                      |                                        | PAGE OF                                                                                                                                                                                                    |
|    | AME OF COMMITTEE (IN FUIL)<br>Anufacturers Assoc. of Contral N | Y Inc.                                 | FOR LINE 21a OF FORM 3X<br>Federal PAC                                                                                                                                                                     |
| А. | Full Name (Last, First, Middle Initial)                        |                                        | Administrative Fundraising Exempt                                                                                                                                                                          |
|    | Mailing Address                                                |                                        | Voter Drive Direct Candidate Support                                                                                                                                                                       |
|    | Cily State Zip Code                                            |                                        | Public Comm (ref to party only) by PAC                                                                                                                                                                     |
|    | •                                                              |                                        | Allocated Activity or Event Year-To-Date                                                                                                                                                                   |
|    | Purpose of Disbursement:                                       | · · ·                                  |                                                                                                                                                                                                            |
|    | Activity or Event Identifier:                                  |                                        | the sector of the stranger stranger stranger                                                                                                                                                               |
|    |                                                                | Calegory/<br>Type                      | $ \begin{array}{c} w & \text{if } a \in W \times [0, 1] \times [0, 2] \times [0, 2] \times [0, 2] \\ \hline \textbf{Date} & (x_1, y_2, y_3) = (y_1, y_2, y_3) \times [0, 2] \times [0, 2] \\ \end{array} $ |
|    | FEDERAL SHARE + NONFEDERAL                                     | SHARE                                  | = TOTAL AMOUNT                                                                                                                                                                                             |
|    | $\mathcal{O}$                                                  | D                                      |                                                                                                                                                                                                            |
| 8. | Full Namo (Last, First, Middle Initial)                        |                                        | Allocated Activity or Event:                                                                                                                                                                               |
| -  |                                                                |                                        | Administrativo Fundraising Exempt                                                                                                                                                                          |
|    | Mailing Address                                                |                                        | Voter Drive Direct Candidate Support                                                                                                                                                                       |
|    | City State Zip Code                                            |                                        | Public Comm (rel to party only) by PAC<br>Allocated Activity or Event Year-To-Date                                                                                                                         |
|    | Purpose of Disbursement:                                       |                                        | 0                                                                                                                                                                                                          |
|    | Activity or Event Identifier:                                  | Category/<br>Type                      | 18 64 00 66 7 5 8 r<br>Date                                                                                                                                                                                |
|    | FEDERAL SHARE + NONFEDERAL                                     | SHARE                                  | = TOTAL AMOUNT                                                                                                                                                                                             |
|    | , <b>O</b>                                                     |                                        | , , O                                                                                                                                                                                                      |
| Ċ. | Full Name (Last, First, Middlo Initial)                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Allocated Activity or Event:                                                                                                                                                                               |
|    | Mailing Address                                                |                                        | Administrative Fundraising Exempt<br>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:                                  | Category/<br>Type                      |                                                                                                                                                                                                            |
|    | FEDERAL SHARE + NONFEDERAL                                     | SHARE                                  | = TOTAL AMOUNT                                                                                                                                                                                             |
|    | $\mathcal{O}$                                                  | D                                      | $\bigcirc$                                                                                                                                                                                                 |

#### SUBTOTAL of Allocated Federal and NonFederal Activity This Page

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FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT = + Ć 2 5 TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) NONFEDERAL SHARE FEDERAL SHARE TOTAL AMOUNT  $\mathcal{O}$ 

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FEC Schedule H4 (Form 3X) Rev. 12/2004

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| CHEDULE   | E H5 (FEC Form 3X)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |             |
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|           | D FEDERAL ELECTIO                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PAGE OF                                                               | <del></del> |
| De used i | by State, District and Loca                   | in Party Commutees Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FOR LINE 18b OF                                                       | FORM 3      |
| ME OF CO  | MMITTEE (In Full)                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                                                     | • •         |
| anut      | acturers Assoc                                | of Central NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Inc. Lederal PE                                                       | Æ_          |
| NAME OF A | CCOUNT                                        | DATE OF RECEIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL AMOUNT TRANSFERRED                                              | )           |
|           |                                               | $\hat{W} = \hat{W} = \hat{v} + \left[ \hat{W} + \hat{v} + \hat{W} + \hat{v} + \hat{W} + \hat{v} + \hat{v} \right]$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | · .         |
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| BREAKDOW  | WN OF THIS TRANSFER                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |             |
| ij        | Voter Registration                            | VOTER REGIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RATION                                                                |             |
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| н         | Voter 1D                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OTER ID                                                               |             |
| Ψ)        | Total Amount Transferred for Vote             | r ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , O                                                                   |             |
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| 41)       | GOTV                                          | در مادینان می<br>این این این ا <mark>ین است</mark>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ()                                                                    |             |
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| iv)       | Generic Campaign Activity                     | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GENERIC CAMPAIGN ACTIVITY                                             | i           |
|           | Total Amount Transferred for Gen              | eric Campaign Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | •           |
| NAME OF A | CCOUNT                                        | DATE OF RECEIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL AMOUNT TRANSFERRED                                              | }           |
|           |                                               | $+ 6 \mathbf{J}^{(1)} 1 \mathbf{M}^{(1)} \mathbf{J}^{(2)} \mathbf{\theta}^{(2)} \mathbf{\hat{\theta}}^{(2)} \mathbf{\hat{\theta}}^{(2)} \mathbf{\theta}^{(2)} \mathbf{\Psi}^{(2)} $ |                                                                       |             |
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| PREAKOON  | NN OF THIS TRANSFER                           | -l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |             |
|           | Voter Registration                            | VOTER REGIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HATION                                                                |             |
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| ii)       | Voter ID<br>Total Amount Transferred for Vote |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\mathbf{O}$                                                          |             |
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| (41)      | GOTA                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GOTV                                                                  |             |
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| iv)       | Generic Campaign Activity                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GENERIC CAMPAIGN ACTIVITY                                             |             |
|           | Total Amount Transferred for Gen              | eric Cempaign Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | $\sim$ | •           |
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|           | TOTALS FOR BE                                 | HEAKDOWN OF TRANSFER RECEIVED (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ast Page Only)                                                        |             |
|           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                                                     |             |
| TOTAL     | L This Period (Voter Registration)            | ; 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\cdot O$                                                             |             |
| TOTAL     | L This Period (Voter ID)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |             |
| TOTAL     | L This Period (voter 10)                      | ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\mathcal{O}$                                                         |             |
| TOTAL     | L This Period (GOTV)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\mathbf{O}$                                                          |             |
| 701N      | a come a come feren a horizonteriori          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |             |
| TOTAL     | L This Period (Generic Campaian /             | Activity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                     |             |
|           | · · · · · · · · · · · · · · · · · · ·         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |             |
| TOTAI     | L This Period (Total Amount of Trav           | nsters Received)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | O           |
|           | •                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 7                                                                   | . –         |

FEC Schedule H5 (Form 3X) Rev. 02/2003

#### 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)

FOR LINE 308 OF FORM 3X

OF

PAGE

| AME OF COMMITTEE (In Full)                               | · · · · · · · · · · · · · · · · · · ·                                    |                      |                                       |                                                                                                                      |                                       |                                       |
|----------------------------------------------------------|--------------------------------------------------------------------------|----------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
|                                                          | 500. 01                                                                  | - Contra             | INY                                   | Inc. F                                                                                                               | ederal                                | PAC                                   |
| A. Full Name (Last, First, Middle Initia                 |                                                                          |                      | الدوناب المكمل مسل                    | Type of Allocate                                                                                                     | d Activity or Event:                  |                                       |
|                                                          |                                                                          | : .                  |                                       | Voter Regis                                                                                                          |                                       | GOTV<br>enic Campaig                  |
| Mailing Address                                          | 1991 1997 - Yoshi Alifi Yangi ang sa | ******               |                                       | Allocated A                                                                                                          | clivity or Event Year                 | r-To-Date                             |
|                                                          |                                                                          |                      |                                       |                                                                                                                      |                                       | . 🔿                                   |
| City                                                     | State                                                                    | Zip Code             | ł                                     |                                                                                                                      | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| Purpose of Disbursement                                  |                                                                          |                      | Cetegory/<br>Type                     | , 8 a<br>Date                                                                                                        | ų 17                                  | ₹ \ ∀`                                |
| FEDERAL SHARE                                            | +                                                                        | LEVIN SH             | ARE                                   | =                                                                                                                    | TOTAL AMOUNT                          |                                       |
|                                                          | 0                                                                        | 4                    |                                       | <b>)</b>                                                                                                             | n<br>National Association             | D D                                   |
| B. Full Name (Last, First, Middle Inilia                 | i) / Full Organiz                                                        | ation Name           |                                       | Type of Allocate                                                                                                     | d Activity or Event:                  |                                       |
|                                                          |                                                                          |                      |                                       | Voter Regi                                                                                                           |                                       | GOTV<br>Ieric Campaig                 |
| Mailing Address                                          |                                                                          | ·                    |                                       | Allocated A                                                                                                          | ctivity or Event Yea                  | r-To-Date                             |
|                                                          |                                                                          |                      |                                       |                                                                                                                      |                                       | $\odot$                               |
| City                                                     | State                                                                    | Zip Code             |                                       |                                                                                                                      |                                       | · · · · · · · · · · · · · · · · · · · |
| Purpose of Disbursement                                  |                                                                          |                      | Category/<br>Type                     | Date No. 1                                                                                                           | 49 7 7 V<br>-                         | γ γ                                   |
| FEDERAL SHARE                                            | +                                                                        | LEVIN SH             | ARE                                   | =                                                                                                                    | TOTAL AMOUNT                          |                                       |
| . <del>.</del>                                           | 0                                                                        | 1 2                  | . C                                   | <b>)</b> , .                                                                                                         | , ,<br>,                              | 0                                     |
| C. Full Name (Last, First, Middle Initia                 | d) / Full Organiz                                                        | ation Name           |                                       |                                                                                                                      | d Activity or Event:                  |                                       |
|                                                          |                                                                          |                      |                                       | Voter Regi<br>Voter ID                                                                                               | etration<br>Ger                       | GOTV<br>veric Campaig                 |
| Mailing Address                                          |                                                                          |                      |                                       | Allocated A                                                                                                          | ctivily or Event Yea                  | r-To-Date                             |
|                                                          |                                                                          |                      | · · · · · · · · · · · · · · · · · · · | ]                                                                                                                    |                                       | ð.                                    |
| City                                                     | Stale                                                                    | Zip Code             |                                       |                                                                                                                      | ,                                     |                                       |
| Purpose of Disbursement                                  | <del></del>                                                              |                      | Calegory/<br>Type                     | Date                                                                                                                 | 10 te - 1                             | ~ Y V                                 |
| FEDERAL SHARE                                            | +                                                                        | LEVIN SH             | ARE                                   | =                                                                                                                    | TOTAL AMOUNT                          |                                       |
| 1                                                        | 0                                                                        | · · · ·              | , C                                   | >                                                                                                                    | : ,                                   |                                       |
| IBTOTAL of Shared Federal and Levin                      | Activity This Pa                                                         | ge                   |                                       |                                                                                                                      |                                       |                                       |
| FEDERAL SHARE                                            | +                                                                        | LEVIN SH             | ARE                                   |                                                                                                                      | TOTAL AMOUNT                          |                                       |
| ;<br>;<br>, , , , , , , , , , , , , , , , , ,            | $\mathcal{O}$                                                            | y >                  | C                                     | >                                                                                                                    | , ·                                   | . 0.                                  |
| TAL This Period (last page for each lin<br>FEDERAL SHARE | ne only)(Federal                                                         | share to 30(a)(i) an | d Lovin sharo to                      | 30(a)(ii))                                                                                                           | TOTAL AMOUNT                          |                                       |
|                                                          | 0                                                                        | LEVIN SH             |                                       |                                                                                                                      |                                       | $\circ$                               |
| TAL This Period for the Levin Share                      |                                                                          | LEANA OLI            |                                       | <b>`</b>                                                                                                             |                                       |                                       |
| THE FOLDU IN THE LEAST STRIC                             |                                                                          | 2 a                  | <u></u>                               | <u>ر المعالم الم</u> |                                       |                                       |

FEC Schedule H8 (Form 3X) Rev. 02/2003

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

| M        | ASSOC                                                               | of Contral NY I                         | nc. Federal PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|---------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>.</u> | ·····                                                               | COLUMN A<br>TOTAL THIS PERIOD           | COLUMN B<br>YEAR-TO-DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1.       | RECEIPTS FROM PERSONS<br>(a) Itemized<br>(Uco Schwiddu L-A)         | $\mathcal{O}$                           | Э                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|          | (b) Uniternized                                                     | <b>6</b>                                | $\mathcal{D}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| _        | (c) Total                                                           | $\mathbf{O}$                            | One the second set of the second set of the |
| 2.       | OTHER RECEIPTS                                                      |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3.       | (Add Linos 1c and 2)                                                | 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - | in the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4.       | TRANSFERS TO FEDERAL OR<br>ALLOCATION ACCOUNT<br>(Use Schudder L-B) | · · ·                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | (a) Voter Registration                                              |                                         | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|          | (b) Voter ID                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | (d) Generic Campaign                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | (e) Total                                                           | , , <b>Õ</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5.       | OTHER DISBURSEMENTS                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6.       | TOTAL DISBURSEMENTS                                                 |                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7.       | BEGINNING CASH ON HAND                                              | $\mathcal{D}$                           | Ő.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 8.       | RECEIPTS                                                            | $\tilde{\mathcal{O}}$                   | , ð                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 9.       | SUBTOTAL                                                            | 0                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10.      | DISBURSEMENTS                                                       | U                                       | О                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11.      | ENDING CASH ON HAND                                                 | $\mathcal{O}$                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|          |                                                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| SCHEDULE L-A (FEC Form 3X)                                                                                                           |                                                               | PAGE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| ITEMIZED RECEIPTS OF LEVIN FUNDS                                                                                                     |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                      | Aggregation Page                                              | (check only one) 1a 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Any information copied from such Reports and Statements may not<br>or for commercial purposes, other than using the name and address | be sold or used by any perso<br>of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NAME OF COMMITTEE (In Full)                                                                                                          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Full Name (Last, First, Middle Initial) / Full Organization Name                                                                     | enral NI,                                                     | Inc. Federal PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A.                                                                                                                                   | 1                                                             | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address                                                                                                                      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| INTRIPA LEMICOL                                                                                                                      | F                                                             | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Name of Employer of Principal Place of Business                                                                                      |                                                               | $\mathbf{U}_{\mathbf{r}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>C.</b>                                                                                                                            |                                                               | $\theta^{*} = \lambda \phi^{*} - \phi^{*} - \theta \phi^{*} - \lambda \phi^{*} = - \phi^{*} - \phi^{*$ |
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| Any information copied from such Reports and Stater          |                                               | son for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| or for commercial purposes, other than using the nan         | re and address of any political committee b   | o souch contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NAME OF COMMITTEE (In Full)                                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Full Name (Last, First, Middle Initial) / Full Organiz       | ation Name                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| С.                                                           |                                               | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                              |                                               | $\mathbf{B}^{(1)}(\mathbf{R}^{(1)}, \mathbf{x}) = 0^{(1)} \cdot \mathbf{\hat{\mathcal{U}}}^{(1)}(\mathbf{x} + \mathbf{y}) + \mathbf{\hat{\mathcal{V}}}^{(1)}(\mathbf{x} + \mathbf{y}) + \mathbf{\hat{\mathcal{V}}}^{(1)}(\mathbf{x} + \mathbf{y})$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Mailing Address                                              |                                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City                                                         | State Zip Code                                | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Purpose of Disbursement                                      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| - Create of Contraction                                      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Full Name (Last, First, Middle Initial) / Full Organiz       | ation Name                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| D.                                                           |                                               | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Mailing Address                                              |                                               | B = 0 , $B = 0$ , $V = V$ , $V = V$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| maning realises                                              |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| City                                                         | State Zip Code                                | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Purpose of Disbursement                                      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Full Name (Last, First, Middle Initial) / Full Organiz<br>E. | ation Name                                    | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>5</b> .                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mailing Address                                              |                                               | ад 69 Г. <u>7 С</u> ў Г.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| City                                                         | State Zip Code                                | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Purpose of Disbursement                                      |                                               | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                              | , <u>, , , , , , , , , , , , , , , , , , </u> | $\frown$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SUBTOTAL of Disbursements This Page (optional)               | ······                                        | , <b>O</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| TOTAL This Parind line page this line number anti-           | -                                             | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| TOTAL This Period (last page this line number only).         |                                               | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| USPS First Class Mail                                                                                                                                                 | Date of Receipt               |  |  |
| USPS Registered/Certified                                                                                                                                             | Postmarked (R/C)              |  |  |
| USPS Priority Mail                                                                                                                                                    | Postmarked                    |  |  |
| USPS Priority Mail Express                                                                                                                                            | Postmarked                    |  |  |
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| PREPARER SAM                                                                                                                                                          | 12/31/15<br>DATE PREPARED     |  |  |
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