

January 23, 2015

VIA FEDEX

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

RE: InfiLaw Corporation PAC  
Year-End Report Filing

Dear Sir or Madam:

Enclosed for filing is the FEC Form 3X – Report of Receipts and Disbursements for the Year-End Report filing due January 31, 2015, for the InfiLaw Corporation PAC.

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

Thank you.

Sincerely,

  
Joan Lancellot  
Assistant Treasurer

Enclosure

Cc: Jay Rossello

RECEIVED  
2015 JAN 26 AM 11:51  
FEC MAIL CENTER

4400011110010001

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2015 JAN 26 AM 11:52  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

InfiLaw Corporation PAC

ADDRESS (number and street)

8625 Tamiami Trail North, Suite 500

Check if different than previously reported. (ACC)

Naples

FL

34108

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00554642

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c)

- 12-Day PRE-Election Report for the:
  - Primary (12P)
  - Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d)

- 30-Day POST-Election Report for the:
  - General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

11 / 25 / 2014

through

12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bradley E. Davis, Treasurer

Signature of Treasurer

*Bradley E Davis*

Date

01 / 22 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**InfiLaw Corporation PAC**

Report Covering the Period: From:

11 / 25 / 2014

To:

12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2 0 1 4</span>		0
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 10,658.00	
(c) Total Receipts (from Line 19) .....	\$ 2,256.00	\$ 31,414.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 12,914.00	\$ 31,414.00
7. Total Disbursements (from Line 31) .....	\$ 255.00	\$ 18,755.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 12,659.00	\$ 12,659.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

STONING : COLUNT : INDIANA

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

**For further information contact:**

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

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



**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures <small>Bank fee (admin. expenses)</small> .....	\$ 255.00	\$ 255.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	18,500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	\$255.00	\$ 18,755.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$ 255.00	\$ 18,755.00

COLUMN C: CONTINUED ON NEXT PAGE

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2,256.00	31,414.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,256.00	31,414.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

SOURCE: COLUMN 1, LINE 11

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**InfiLaw Corporation PAC**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[ ]

Date of Receipt

[ ] / [ ] / [ ]

Amount of Each Receipt this Period

[ ]

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[ ]

Date of Receipt

[ ] / [ ] / [ ]

Amount of Each Receipt this Period

[ ]

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C [ ]

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[ ]

Date of Receipt

[ ] / [ ] / [ ]

Amount of Each Receipt this Period

[ ]

**SUBTOTAL** of Receipts This Page (optional).....▶

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

[ ]

[ ]

CONFIDENTIAL

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 3

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**InfiLaw Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Goplerud, Peter**

Mailing Address

160 Payasada Oaks Trail

City

Ponte Vedra Beach, FL 32082

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

InfiLaw Corporation

Occupation

President, IMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$ 2,000.00

Date of Receipt (payroll deduction \*)

MM / DD / YYYY

Amount of Each Receipt this Period

\$ 300.00

(\$100 semi-monthly \*)

Full Name (Last, First, Middle Initial)

**B. Sauers, Gail**

Mailing Address

6116 E. Danbury Road

City

Scottsdale, AZ 85254

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arizona Summit Law School

Occupation

Senior Director, Finance & FA

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$ 504.00

Date of Receipt (payroll deduction\*)

MM / DD / YYYY

Amount of Each Receipt this Period

\$ 126.00

(\* \$42 semi-monthly)

Full Name (Last, First, Middle Initial)

**C. Durr, Therese, M**

Mailing Address

3447 Pacific Drive

City

Naples, FL 34119

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

InfiLaw Corporation

Occupation

VP, Tech & Admin. Services

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$ 500.00

Date of Receipt (payroll deduction\*)

MM / DD / YYYY

Amount of Each Receipt this Period

\$ 75.00

(\$25 semi-monthly \*)

SUBTOTAL of Receipts This Page (optional).....▶

\$ 501.00

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

\$ 2,256.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 3	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 1c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**InfiLaw Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Stone, Dennis J</b>		Date of Receipt (payroll deduction*)	
Mailing Address <b>1620 Park Terrace West</b>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
City <b>Atlantic Beach, FL 32233</b>	State	Zip Code	Amount of Each Receipt this Period <b>\$ 300.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer <b>Florida Coastal School of Law</b>		(*\$100 semi-monthly)
Occupation <b>President</b>	Aggregate Year-to-Date ▼ <b>\$ 2,900.00</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Chait, Doug</b>		Date of Receipt (payroll deductions*)	
Mailing Address <b>515 Murex Dr.</b>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
City <b>Naples, FL 34102</b>	State	Zip Code	Amount of Each Receipt this Period <b>\$ 600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer <b>InfiLaw Corporation</b>		(* \$200 semi-monthly)
Occupation <b>Senior Vice President, Corp Development</b>	Aggregate Year-to-Date ▼ <b>\$ 3,600.00</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. Ogene, Chidi</b>		Date of Receipt (*payroll deductions)	
Mailing Address <b>3550 Crayton Rd.</b>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
City <b>Naples, FL 34103</b>	State	Zip Code	Amount of Each Receipt this Period <b>\$ 750.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer <b>Florida Coastal School of Law</b>		(* \$250 semi-monthly)
Occupation <b>Interim Dean</b>	Aggregate Year-to-Date ▼ <b>\$ 4,250.00</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1,650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>\$ 2,256.00</b>

NONO - COLU - UNO

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE: 3	OF 3
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**InfiLaw Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Thompson, Aaron</b>		Date of Receipt (* payroll deductions)	
Mailing Address <b>2130 Morning Sun Lane</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City <b>Naples, FL</b>	State <b>FL</b>	Zip Code <b>34119</b>	Amount of Each Receipt this Period <b>\$ 105.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		(*\$35 semi-monthly)	
Name of Employer <b>InfiLaw Corporation</b>	Occupation <b>Senior Project Manager</b>	Aggregate Year-to-Date ▼ <b>\$ 560.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		<input type="text"/>	
Name of Employer	Occupation	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		<input type="text"/>	
Name of Employer	Occupation	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$ 105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>\$ 2,256.00</b>

WOUND 1 COL 1 WOUND



SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE OF FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Primary General Other (specify) Mailing Address City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Naples

SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

WORLDWIDE CONSULTING

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

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

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <b>C</b> _____	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %	
Mailing Address	Date Incurred or Established MM / DD / YYYY	Date Due MM / DD / YYYY	
City State Zip Code			
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred MM / DD / YYYY			
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE MM / DD / YYYY	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE MM / DD / YYYY	
Title			

ORIGINAL COPY - REQUIRED









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)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

20110101 11:00:00

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:
I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

Table with 3 columns: ACTIVITY OR EVENT IDENTIFIER, FEDERAL %, NONFEDERAL %. Contains 6 rows of activity reporting forms with checkboxes for Fundraising/Direct Candidate Support and ratio status (New, Revised, Same as Previously Reported).

11-10-04 10:01 AM

N/A

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

PAGE OF  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

XXXXXXXXXX

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

XXXXXXXXXX

ii) Generic Voter Drive .....

XXXXXXXXXX

iii) Exempt Activities .....

XXXXXXXXXX

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

XXXXXXXXXX

b) \_\_\_\_\_

XXXXXXXXXX

c) Total Amount Transferred For Direct Fundraising .....

XXXXXXXXXX

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_

XXXXXXXXXX

b) \_\_\_\_\_

XXXXXXXXXX

c) Total Amount Transferred For Direct Candidate Support .....

XXXXXXXXXX

vi) Public Communications Referring Only to Party (Made by PAC) .....

XXXXXXXXXX

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

XXXXXXXXXX

TOTAL This Period (Generic Voter Drive) .....

XXXXXXXXXX

TOTAL This Period (Exempt Activities) .....

XXXXXXXXXX

TOTAL This Period (Direct Fundraising) .....

XXXXXXXXXX

TOTAL This Period (Direct Candidate Support) .....

XXXXXXXXXX

TOTAL This Period (Public Communications Referring Only to Party) .....

XXXXXXXXXX

TOTAL This Period (Total Amount Transferred) .....

XXXXXXXXXX

11-11-11 10:11:11

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

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			
		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			
		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			
		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

UNFINISHED - COLLECT - UNFINISHED

**SCHEDULE H5 (FEC Form 3X)**

N/A

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

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

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>	<input type="text"/>

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
 Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
 Total Amount Transferred for Voter ID .....

iii) **GOTV**  
 Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
 Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>	<input type="text"/>

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
 Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
 Total Amount Transferred for Voter ID .....

iii) **GOTV**  
 Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
 Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

1-10-03 10:00 AM

**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)**

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>			

UNITED COUNTY WISCONSIN

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

N/A

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

01-1-2003 10:00 AM

N/A

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional).....▶

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

11-11-03 10:01 AM



N/A

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

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
-------	---	-------	---	-----------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
-------	---	-------	---	-----------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
-------	---	-------	---	-----------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
-------	---	-------	---	-----------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional).....▶

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

SUBTOTAL of Disbursements This Page (optional).....▶

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

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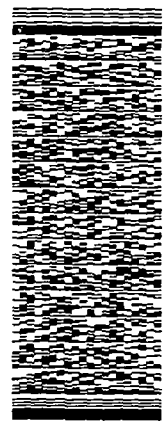
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999 E. Street, N.W.

WASHINGTON, DC 20463



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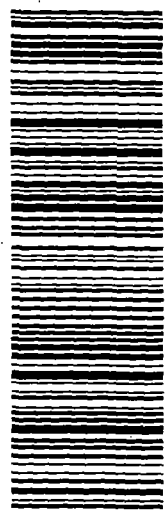
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Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>1/23/15</i>
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