

Federal Election Commission

RECEIVED January 31, 2014

Re: YE 3x filing for C00534016

2014 FEB 18 PM 12:04

Sir or Madam,

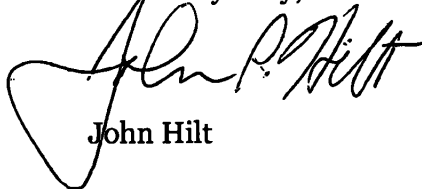
FEC MAIL CENTER

Our group, still in the planning stage, has still not received or disbursed any funds. In this report, as in previous 3x reports, I put "zeroes" in the appropriate boxes.

Schedules H through L appear to be forms that are not necessary for our group to fill out. On each of the pages in H through L, I put the committee name at the top of the page, and left the rest of the page blank.

If any changes need to be made in the way I've been filing the reports, please call or email me.

Yours very truly,



John Hilt

4051 S. Sacramento, #2F
Chicago, IL 60632
312-671-0909
jhilt95@yahoo.com

14031184320

**FEC
FORM 3X**

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

RECEIVED

2014 FEB 18 PM 12:04

FEC MAIL ROOM OFFICE

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Exposing Marxists PAC

ADDRESS (number and street)

503 W. Happfield Drive

Apt. 203

Arlington Heights IL

60004-7119

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00534016

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

____ / ____ / _____

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

____ / ____ / _____

in the State of

5. Covering Period

10 01 2013

through

12 31 2013

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

John Hilt

Signature of Treasurer

John Hilt

Date

01 31 2014

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

14031184321

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Exposing Marxists PAC

Report Covering the Period: From: 1.0 0.1 2013 To: 12 31 2013

14031184322

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2013</u>		0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19)	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0000	0000
7. Total Disbursements (from Line 31)	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	

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 Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Exposing Marxists PAC

Report Covering the Period: From:

1.0 0.1 20.13

To:

1.2 3.1 20.13

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0000

0000

(ii) Unitemized

0000

0000

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0000

0000

(b) Political Party Committees

0000

0000

(c) Other Political Committees (such as PACs).....

0000

0000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0000

0000

12. Transfers From Affiliated/Other Party Committees.....

0000

0000

13. All Loans Received

0000

0000

14. Loan Repayments Received.....

0000

0000

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0000

0000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0000

0000

17. Other Federal Receipts (Dividends, Interest, etc.).....

0000

0000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0000

0000

(b) Levin Funds (from Schedule H5).....

0000

0000

(c) Total Transfers (add 18(a) and 18(b))..

0000

0000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0000

0000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0000

0000

14031184323

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

14031184324

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	000.0	000.0
(ii) Non-Federal Share.....	000.0	000.0
(b) Other Federal Operating Expenditures	000.0	000.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	000.0	000.0
22. Transfers to Affiliated/Other Party Committees.....	000.0	000.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	000.0	000.0
24. Independent Expenditures (use Schedule E).....	000.0	000.0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	000.0	000.0
26. Loan Repayments Made.....	000.0	000.0
27. Loans Made.....	000.0	000.0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	000.0	000.0
(b) Political Party Committees	000.0	000.0
(c) Other Political Committees (such as PACs).....	000.0	000.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000.0	000.0
29. Other Disbursements	000.0	000.0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000.0	000.0
(ii) "Levin" Share.....	000.0	000.0
(b) Federal Election Activity Paid Entirely With Federal Funds	000.0	000.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	000.0	000.0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	000.0	000.0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	000.0	000.0

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)	0000	0000
34. Total Contribution Refunds (from Line 28(d))	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3)	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0000	0000

14031184325

**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"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<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)

Exposing Marxists 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).....▶

00.00

00.00

14031184326

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Exposing Marxists PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

C.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="0.000"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="0.000"/>

14031184327

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)
Exposing Marxists PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

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
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ [] 00.00

TOTALS This Period (last page in this line only) ▶ [] 00.00

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

14031184328

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ___ of Schedule C

NAME OF COMMITTEE (In Full) <i>Exposing Marxists PAC</i>		FEC IDENTIFICATION NUMBER 00534016	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)	
Mailing Address	Date Incurred or Established	%	
City State Zip Code	Date Due		

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:

Amount of this Draw: Balance:

C. Are other parties secondarily liable for the debt incurred?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No 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). Location of account: _____

Date account established: _____ 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
---	------

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
Title	

14031184329

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Exposing Marxists PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

1) SUBTOTALS This Period This Page (optional)..... ▶

[Box with handwritten value 20.00]

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

[Box with handwritten value 00.00]

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

[Box with handwritten value 20.00]

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

[Box with handwritten value 00.00]

14031184330

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) **Exposing Marxists PAC** FEC IDENTIFICATION NUMBER **C00534016**

Check if 24-hour report 48-hour report New report Amends report filed on

14031184331

Full Name (Last, First, Middle Initial) of Payee _____ Date _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Amount _____
 Purpose of Expenditure _____ Category/Type _____
 Office Sought: House State: _____
 Senate District: _____
 President
 Name of Federal Candidate Supported or Opposed by Expenditure: _____
 Check One: Support Oppose
 Calendar Year-To-Date Per Election for Office Sought _____
 Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Date _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Amount _____
 Purpose of Expenditure _____ Category/Type _____
 Office Sought: House State: _____
 Senate District: _____
 President
 Name of Federal Candidate Supported or Opposed by Expenditure: _____
 Check One: Support Oppose
 Calendar Year-To-Date Per Election for Office Sought _____
 Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... **0000**
 (b) SUBTOTAL of Unitemized Independent Expenditures..... **0000**
 (c) TOTAL Independent Expenditures..... **0000**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Alan Hill* Date **01 31 2014**

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>Exposing Marxists PAC</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/>
Mailing Address		Date	Category/Type
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/>
Mailing Address		Date	Category/Type
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/>
Mailing Address		Date	Category/Type
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text" value="00.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="00.00"/>

14031184332

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)

14031184333

NAME OF COMMITTEE (In Full)
Exposing Marxists 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)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
Exposing Marxists PAC

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.

14031184334

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

**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)

Exposing Marxists PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative []
- ii) Generic Voter Drive []
- iii) Exempt Activities []
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) _____ []
 - b) _____ []
 - c) Total Amount Transferred For Direct Fundraising []
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) _____ []
 - b) _____ []
 - c) Total Amount Transferred For Direct Candidate Support []
- vi) Public Communications Referring Only to Party (Made by PAC) []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	[]
TOTAL This Period (Generic Voter Drive)	[]
TOTAL This Period (Exempt Activities)	[]
TOTAL This Period (Direct Fundraising)	[]
TOTAL This Period (Direct Candidate Support)	[]
TOTAL This Period (Public Communications Referring Only to Party)	[]
TOTAL This Period (Total Amount Transferred)	[]

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Exposing Marxists PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, NonFederal Share, and Total Amount]

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, NonFederal Share, and Total Amount]

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, NonFederal Share, and Total Amount]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Subtotal Federal Share, NonFederal Share, and 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

[Empty boxes for Total Federal Share, NonFederal Share, and Total Amount]

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Exposing Marxists PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

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

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).....

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**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)

Exposing Marxists PAC

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

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

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

NAME OF COMMITTEE (In Full)
Exposing Marxists PAC

NAME OF ACCOUNT

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	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)		

**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)

Exposing Marxists PA

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

A.

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)..... ▶

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**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	

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)

Exposing Marxists PAC

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

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

Amount

B.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

Amount

C.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

Amount

D.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

Amount

E.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

Amount

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

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

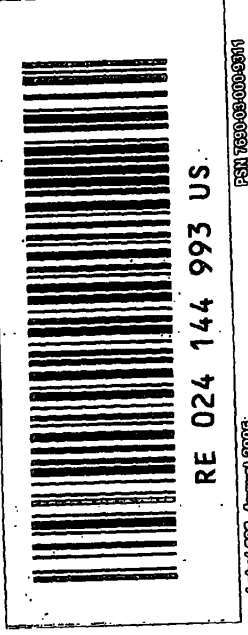
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