FEC FORM 3X	AND	DRT OF F DISBURS	SEMENT	rs	20	RECE 15 JAN 28 Office Use Only	
1. NAME OF COMMITTEE (in	TYPE OR full)	PRINT V	Example: If ty over the lines.		, 12FE4M5		CENTER
(APITAL	IST PAC						
ADDRESS (number and		BIOIX 14181	<u> </u>	· · · · · · ·		<u> </u>	
Check if diffe than previou reported. (AC	erent				[U1]T] [8	 [Ψ, ], ],0]-	
2. FEC IDENTIFIC	ATION NUMBER		<b>A</b>	S		ZIP COI	DE 🔺
C005	17182	3. IS RE		NEW (N) <b>OR</b>	AMEI (A)	NDED	
July 15 Quarterly October Quarterly January Year-End July 31 Report ( Year On	v Report (Q1) v Report (Q1) v Report (Q2) 15 v Report (Q3) 31 d Report (YE) Mid-Year Non-election	e On:	General (3	n (12C) / ( , ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30f	(M9) (M10) 2G) S) in the State o	Special (30S)
I certify that I have ex Type or Print Name of Signature of Treasure	of Treasurer	and to the best of r lake	ny knowledge an		e, correct and o		2015
NOTE: Submission of Office Use Only	laise, erroneous, or in	complete information	may subject the p	person signing th	is Report to the	FEC FOR Rev. 12/2	М 3Х

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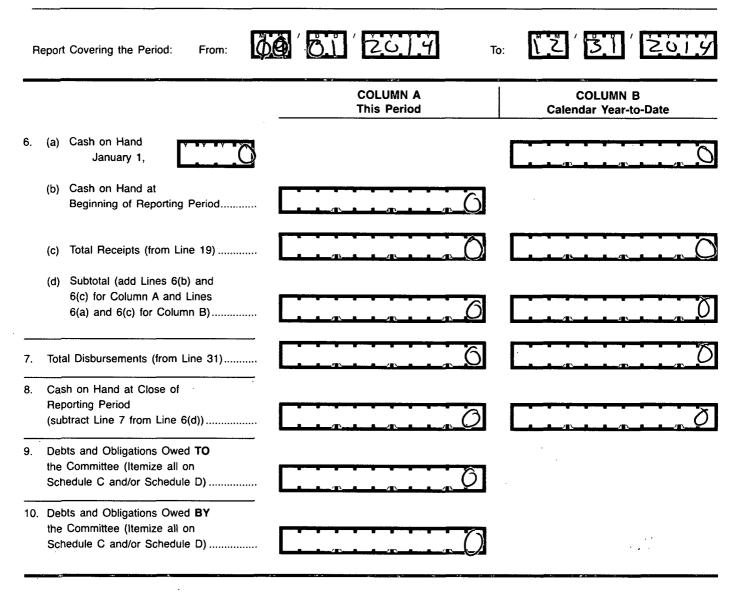
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FE7AN014

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name



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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

R	eport Covering the Period: From:		o: (Z' <u>31</u> ' <u>2014</u>
	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)	0	6
	(ii) Unitemized	0	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	0	0
	<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li> </ul>	<u> </u>	
	<ul> <li>(d) Total Contributions (add Lines</li> <li>11(a)(iii), (b), and (c)) (Carry</li> <li>Totals to Line 33, page 5)</li></ul>	<i>C</i>	Ú.
12.	Transfers From Affiliated/Other Party Committees	0	<u> </u>
	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0	
10.	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	0	
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0	<i>0</i>
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	0	

FE6AN026

#### DETAILED SUMMARY PAGE

of Disbursements

#### COLUMN A **Total This Period**

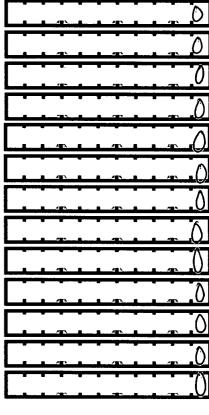
COLUMN B

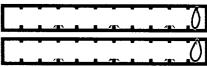
Page 4

Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....▶ 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (use Schedule E) ..... Coordinated Party Expenditures (52 U\_S.C. § 30116(d)) 25. (use Schedule F)..... 26. Loan Repayments Made..... 27. Loans Made.....28. Refunds of Contributions To: Individuals/Persons Other (a) Than Political Committees ..... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...... 29. Other Disbursements ..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....> 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... FE7AN014

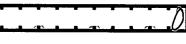
FEC Form 3X (Rev. 02/2003)

**II. Disbursements** 





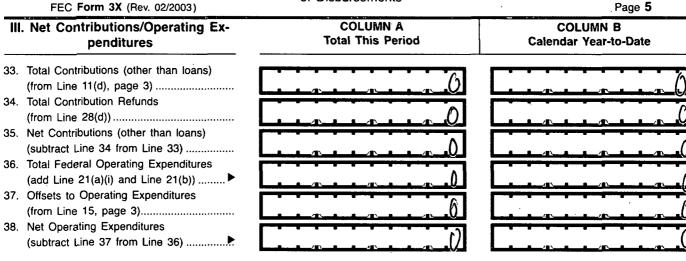






#### **DETAILED SUMMARY PAGE**

of Disbursements



FE6AN026

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE / OF		
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
		Detailed Summary Page			
			13 14 15 16 17		
	y information copied from such Reports and Statements for commercial purposes, other than using the name a				
<b></b>	NAME OF COMMITTEE (In Full)				
$ \rangle$	Capitalist PAC				
Ľ_	Full Name (Last, First, Middle Initial)	········			
A.			Date of Receipt		
	Mailing Address				
	City State	e Zip Code			
			Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.				
	Name of Employer Oceup.	ation	-		
		gate Year-to-Date ▼			
	Primary General Other (specify) ▼		]		
	Full-Name (Last, First, Middle Initial)		-		
В.			Date of Receipt		
	Mailing Address				
	City State	e Zip Code			
			Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.				
	Name of Employer Occup	ation	_		
	Receipt For:	gate Year-to-Date ▼			
	Priman General		1		
	Other (specify)		3		
<u>с.</u>	Full Name (Last, First, Middle Initial)		Date of Receipt		
	Mailing Address				
	City State	e Zip Code	<b>L L</b>		
			Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.				
	Name of Employer Occup	pation			
	Receipt For:	gate Year-to-Date V			
	Primary General		<b>a</b>		
	Other (specify) ▼		J		
	UBTOTAL of Receipts This Page (optional)				
	OTAL This Period (last page this line number only)				

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SCHEDULE B (FEC Form 3X) Use separate schedule						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22	23 24 28b 28c	25 29	26 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used ame and address of any political	by any perso committee to	n for the purpo solicit contribu	ose of solicitir tions from su	ng contribu ch commit	itions tee.
NAME OF COMMITTEE (In Full)	PAC					
Full Name (Last, First, Middle Initial) A.			Date of Dist	pursement	_	/
Mailing Address						Y
City	State Zip Code					
Purpose of Disbursement Candidate Name		Category/	Amount of E	Each Disburse	ment this	Period
Office Sought: House Disburs	ement For: Primary General	Туре		l <mark>`∎</mark>	- <b>A</b> - , <b>A</b> - , ⁄	
State: District:	Other (specify) ▼					
Foll Name (Last, First, Middle Initial) B.			Date of Dist			ст]
Mailing Address	<b>7 0 1</b>					••••••
City Purpose of Disbursement	State Zip Code					
Candidate Name		Category/ Type	Amount of E	Each Disburse	ement this	Period
Office Sought: House Disburs Senate President District:	ement For: Primary General Other (specify) ▼			1		
Full Name (Last, First, Middle Initial) C.			Date of Dis	bursement		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement Candidate Name			Amount of E	Each Disburse	ement this	Period
Office Sought: House Disburs	erment For: Primary General Other (specify)	Category/ Type		<b>1 ` 1 `</b>		<u>.</u>
State: District:			<u> </u>	·······		
SUBTOTAL of Disbursements This Page (optional	)	•••••••••		<u></u>		0
TOTAL This Period (last page this line number on	ly)	••••••		1		. 0

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CHEDULE C (FEC Form 3X	()		//
DANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) Capitalist	PAC		*
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial)		ection: Primary General
Mailing Address			Other (specify)
City	State ZIP (		
Original Amount of Loan	Cumulative Payment	To Date Balance	Outstanding at Close of This Pe
TERMS Date Incurred		Interest Rate	Secured:
List All Eperorsers or Guarantors (if a	• ·		
1. Full Name (Last, First, Middle Initia	<b>}</b> )	Name of Employer	
Mailing Address			
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	<u> </u>
2. Full Name (Last, First, Middle Initial)	)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial		Name of Employer	······································
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opti	onal)		
TOTALS This Period (last page in this lin	e only)		

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

ederal Election Commission, Washington, D.C. 20463		Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Capitalist PAC		000547187
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		********
Mailing Address		
	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured?	If yes, date originally incurred	
B. If line of credit, Amount of this Draw	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurre	ed? ust be reported on Schedule C.)	
<ul> <li>D. Afe any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other</li> <li>No Yes If yes, specify:</li> <li>E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s</li> </ul>	ioan: real estate, personal deposit, chattel papers, similar traditional collateral? Do int est income, pledged as	hat is the value of this collateral?
A depository account must be established pursuant	Location of account:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:	
Dafe account established:	·	
	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan		
G. COMMITTEE TREASURER		DATE
Typed Name Signature		M M / D D / Y Y Y Y Y
H. Attach a signed copy of the loan agreement.		<u></u>
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:</li> <li>I. To the best of this institution's knowledge, the teare accurate as stated above.</li> <li>II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C</li> </ol>	cluding interest rate) no more favor. f comparable credit worthiness. a loan must be made on a basis w	able at the time than those imposed for hich assures repayment, and has this loan.
AUTHORIZED REPRESENTATIVE Typed Name Signature	tle	
FEGAN026		FEC Schedule 0-1 (Form 3X) Rev. 02/2003

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Supplementary for

Information found on

	· · · · · · · · · · · · · · · · · · ·	
SCHEDULE D (FEC Form 3X)	(Use separate schedule(s)	PAGE OF
DEBTS AND OBLIGATIONS		FOR LINE NUMBER: (check only one)
Excluding Loans	for each numbered line)	
		▲
Capitalist PAC		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	• • • • • • • • • • • • • • • • • • • •	·······
Amount Incurred This Period Payment This Perio	od Outstand	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		·····
Outstanding Datance beginning This Pendu		
Amount Incurred This Period Payment This Perio	od Outstand	ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred Thie Period Payment This Perio	od Outstand	ing Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)		$\mathcal{O}$
2) TOTALS This Period (last page this line number only)	······ <u>L</u>	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)		()
	age only/ 🖻 🔜 📖	

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

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

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER V
Capitalist PAC	C00547182
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Date of	Public Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	· · · · · · · · · · · · · · · · · · ·
Purpose of Expenditure Category/ Type	Disbursement or Obligation
Name of Federal Candidate Support Office Sought:	House District:
Oppose Presiden	
Calendar rear-To-Date Disbursement	For: Primary General
Per Election for Office Sought	ner (specify) 🕨
Full Name of Payee Date of	Public Distribution/Dissemination
Mailing Address	
Amount	
City State Zip Code	
Date of	Disbursement or Obligation
Purpose of Expenditure	м , в в , у ту ту ту
Name of Federal Candidate Support Office Sought:	House District:
Oppose Presiden	nt Senate State:
Calendar Year-To-Date Disbursement	
	ner (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	Ô
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	poperation, consultation, or concert ne reporting entity is not a political
Signature Date Date	20 20/5

FEC Schedule E (Form 3X) Rev. 09/2013

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#### 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

(To be used only	by Political Committees in the Gene	ral Election)	FOR LINE 25 OF FORM 3X
AME OF COMMITTEE (In Full)			Check if
Capitalist PAR	<u> </u>		24-hour notice
as your committee been designated to make pordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee		
YES, name the designating committee:	Mailing Address	·····	
	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expendence	diture
Mailing Address		Date	Туре-
City State	Zip Code		
Name of Federal Candidate Supported Office Sough	Senate District:	Amount	
Aggregate General Election Expenditure for this Candidate	Presidential		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expen	diture Category/ Type.
Mailing Address		Date	Type.
City State	Zip Code		
Name of Federal Candidate Supported Office Sengt	11:     House     State:       Senate     District:       Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ►			<u></u>
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expen	Category/
Mailing Address		Date	Туре
City State	Zip Code		
Name of Federal Candidate Supported Office Soug	ht: House State: Senate District:	Amount	······································
Aggregate General Election Expenditure for this Candidate ►			<u> </u>
SUBTOTAL of Expenditures This Page (optional)	······		0
TOTAL This Period (last page this line number only)	►		0

PAGE

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#### 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)					
Capitalist PAC					
USE ONLY ONE SECTION, A or B					
and the first of the second					
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)					
and the second					
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					

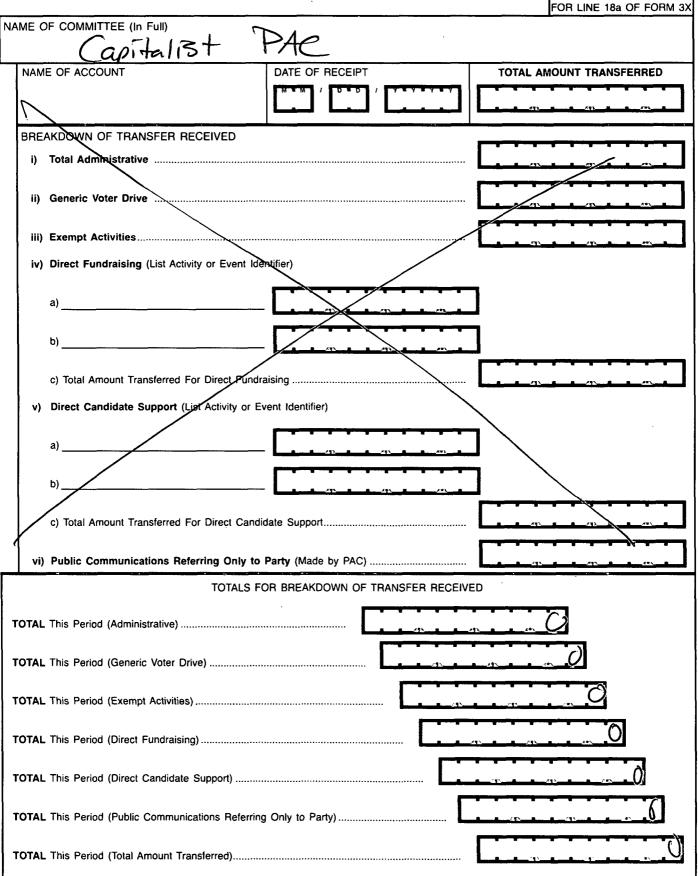
# SCHEDULE H2 (FEC Form 3X) 1

. ...

ALLOCATION RATIOS	PAGE / OF
NAME OF COMMITTEE (In Full) Capitalist PAC	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	
Methods of allocation:	
<ol> <li>FUNDRAISING activities are allocated using the "funds received method" where the federal pro- expenses must equal the federal proportion of monies raised.</li> </ol>	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected where the federal proportion of disbursements is based on the benefit derived by federal candi tivity. For PACs Only: Direct candidate support includes public communications or voter drives federal and nonfederal candidates, regardless of whether there is a reference to a political par are allocated using a time/space method.	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	
Web advertising Campain FEDERAL %	NONFEDERAL %
ACTIVITY IS:	.20%
New Revised X Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: Direct Candidate Support %	
CHECK IF THE RATIO IS:	%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS:	<u> </u>
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	
CHECK IF THE RATIO IS:	%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS:	
CHECK IF THE RATIO IS:	%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	
CHECK IF THE RATIO IS:	· · · · · · · · · · · · · · · · · · ·
New Revised Same as Previously Reported	

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



FEC Schedule H3 (Form 3X) Rev. 12/2004

PAGE

### SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

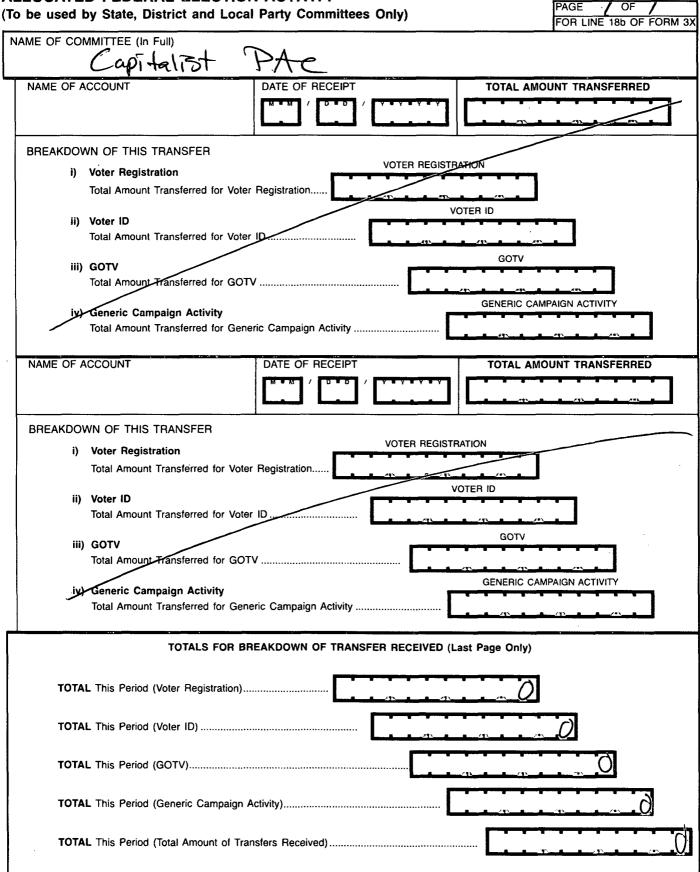
	DERAL/NONFEDERAL ACTIN				FOR LINE 21a OF FORM 3)
NA	AME OF COMMITTEE (In Full) Capitalist	PA	e		
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	-				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		╎╎╷╷		T. T. T. T.	
7		<u>   ##-</u>	<u></u>		Allocated Activity or Event:
Ю.	Full Name (Last, First, Middle Initial)				Administrative Fundraising Exempt
	Mailing Address		······		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
		Claire	Zip Odde		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			<b> </b>	
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
			975-0 0 015-		
c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative _ Fundraising _ Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Gode		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	$\geq$			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier			Category/	
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
/	[				
		J L			
S	UBTOTAL of Allocated Federal and NonFeder	ral Activity Thi			
	FEDERAL SHARE	╦┓╧┏┯┯┯	NONFEDERAL	SHARE	= TOTAL AMOUNT
T	OTAL This Period (last page for each line on	ly)(Federal sha			
	FEDERAL SHARE		NONFEDERAL	. SMARE	
	L	)		(	

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

PAGE

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

# TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY



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

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

PAGE	7	OF	Γ	
FOR LINE	30a	OF	FORM	3X

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

NAME OF COMMITTEE (In Full)	I
Capitalist 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	
Purpose of Disbursement Category/ Type	
FEDERAL SHARE + LEVIN SHARE	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:         Voter Registration         Voter ID         Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/ Type	
FEDERAL SHARE + LEVIN SHARE	
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	
Purpose of Disbursement Category/ Type	
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 t	
FEDERAL SHARE	
TOTAL This Period for the Levin Share	<u></u>
FE6AN026	FEC Schedule H6 (Form 3X) Rev. 02/2003

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

NAME OF COMMITTEE (In Full) Capitalist DAC						
NAME OF ACCOUNT						
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)	0	0			
	(b) Unitemized	<u> </u>	0			
	(c) Total	0				
2.	OTHER RECEIPTS					
3.	TOTAL RECEIPTS (Add Lines 1c and 2)	<u> </u>	0			
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration	0				
	(b) Voter ID	0	0			
	(c) GOTV	0	0			
	(d) Generic Campaign		<u> </u>			
	(e) Total					
5.	OTHER DISBURSEMENTS	O	0			
6.	TOTAL DISBURSEMENTS					
7.	BEGINNING CASH ON HAND	0	0			
8.	RECEIPTS (from Line 3)					
9.	SUBTOTAL		0			
10.	DISBURSEMENTS (From Line 6)		0			
11.	ENDING CASH ON HAND					

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

Use separate schedule(s)

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TEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full) Capitalist P	Ac	
Full Name (Last, First, Middle Initial) / Full Organization Name         A.         Mailing Address         City       State         Name of Employer or Principal Place of Business         Occupation	Zip Code	Date of Receipt
Fdli Name (Last, First, Middle Initial) / Full Organization Name B. Mailing Address	·	Date of Receipt

Capitalist	YIT		
Full Name (Last, First, Middle Initial) / Full Organization N	Name		Date of Receipt
Mailing Address			
City	State	Zip_Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation		·	
The Martin State Middle Initial / Full Oceanization			
FOII Name (Last, First, Middle Initial) / Full Organization N	vame		Date of Receipt
Mailing Address			
muning nulless			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			
Occupation	····		Aggregate Year-to-Date
Occupation			
Full Mame (Last, First, Middle Initial) / Full Organization I	Name	<u></u>	Date of Receipt
ζ.			
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
		<b></b> ,p code	
Name of Employer or Principal Place of Bueiness			Aggregate Year-to-Date
Occupation			
	M		
Full Name (Last, First, Middle Initial) / Full Organization I	name		Date of Receipt
Mailing Address		<u> </u>	
Maning Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			
		······	Aggregate Year-to-Date
Occupation			
		. <u>.</u>	
UBTOTAL of Receipts This Page (optional)		••••••	0
OTAL This Period (last page this line number only)		······	

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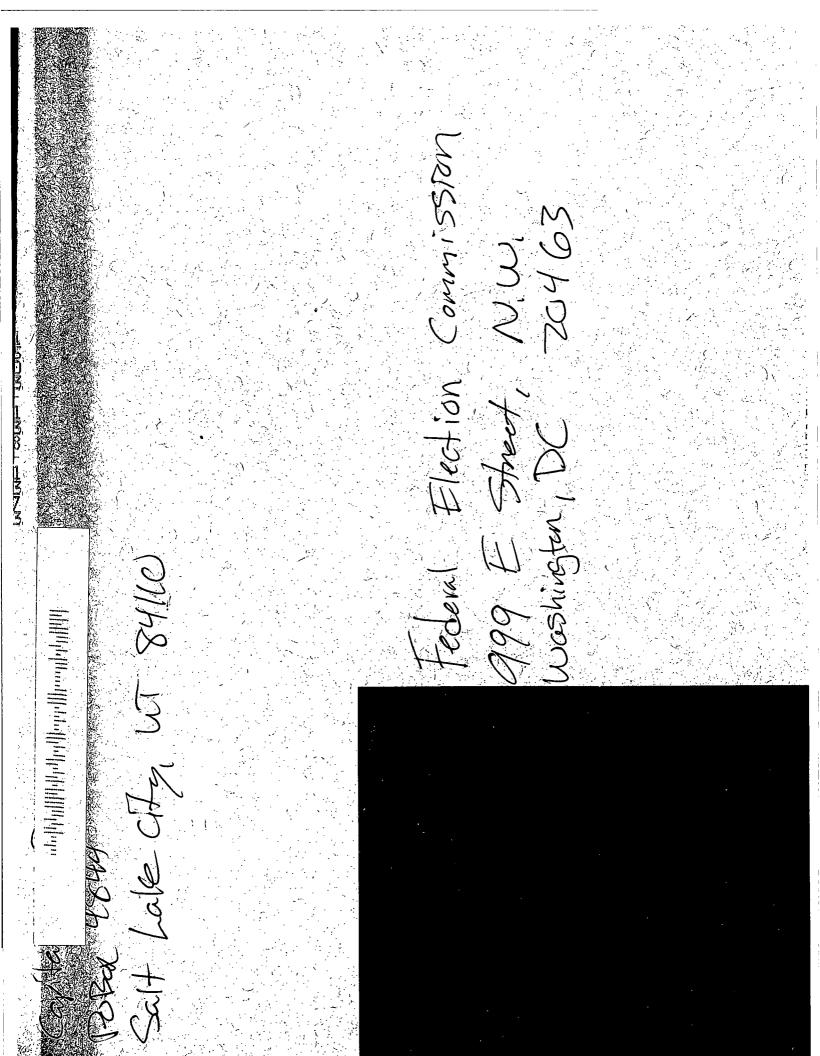
SCHEDULE L–B (FEC Form 3X)		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)
OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full) Capitalist PA	re	
Full Name (Last, First, Middle Initial) / Full Organization Name	,	
Α.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Distoursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		
В.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Fúll Name (Last, First, Middle Initial) / Full Organization Name	3	
C.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disburgement		
Full Name (Last, First, Middle Initial) / Full Organization Name	9	
D		Date-of-Disbursément
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam	e	
Ε.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		n n
TOTAL This Period (last page this line number only)		

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# Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate	now it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
/ 	Postmarked
USPS Priority Mail Express	Postnarkeu
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of F	Receipt or Postmarked
PREPARER	1/28/15 DATE PREPARED
(8/2013)	