| 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 | | A | S | | ZIP COI | DE 🔺 |
| C005 | 17182 | 3. IS RE | | NEW (N) OR | 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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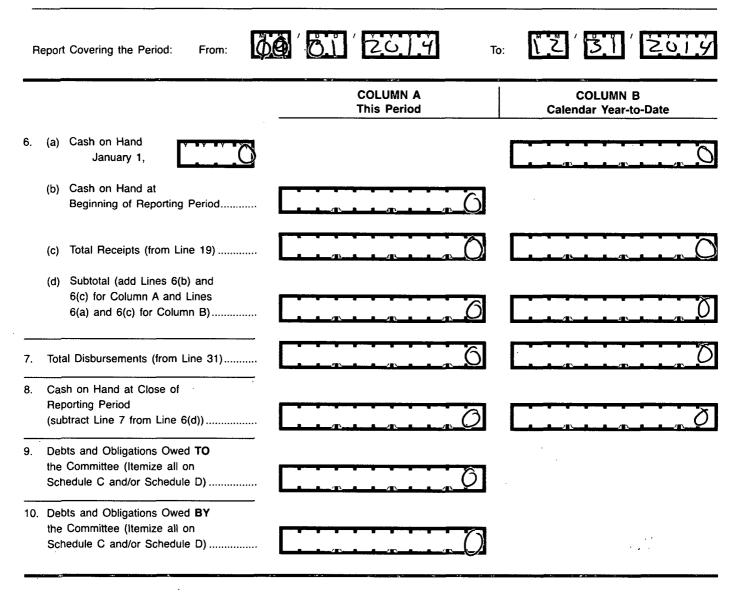
ł,

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 |
| | (b) Political Party Committees (c) Other Political Committees (such as PACs) | <u> </u> | |
| | (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | <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**

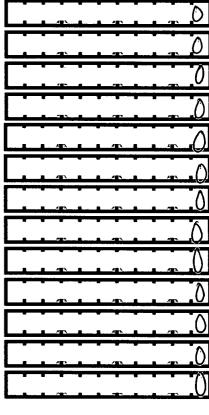
COLUMN B

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

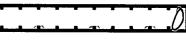
FEC Form 3X (Rev. 02/2003)

II. Disbursements





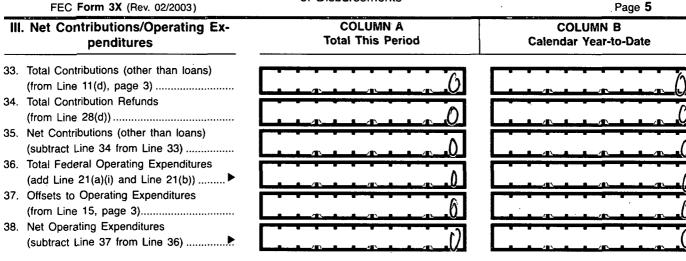






DETAILED SUMMARY PAGE

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 | | | | |
| | 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 | L L | | |
| | | | 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 | | a | | |
| | 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> | - A - , A - , ⁄ | |
| State: District: | Other (specify) ▼ | | | | | |
| Foll Name (Last, First, Middle Initial) B. | | | Date of Dist | | | ст] |
| Mailing Address | 7 0 1 | | | | | •••••• |
| 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 | | 1 ` 1 ` | | <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 | }) | 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.) | |
| 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 No Yes If yes, specify: E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s | 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> |
| TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the teare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C | cluding interest rate) no more 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 | | | | | |

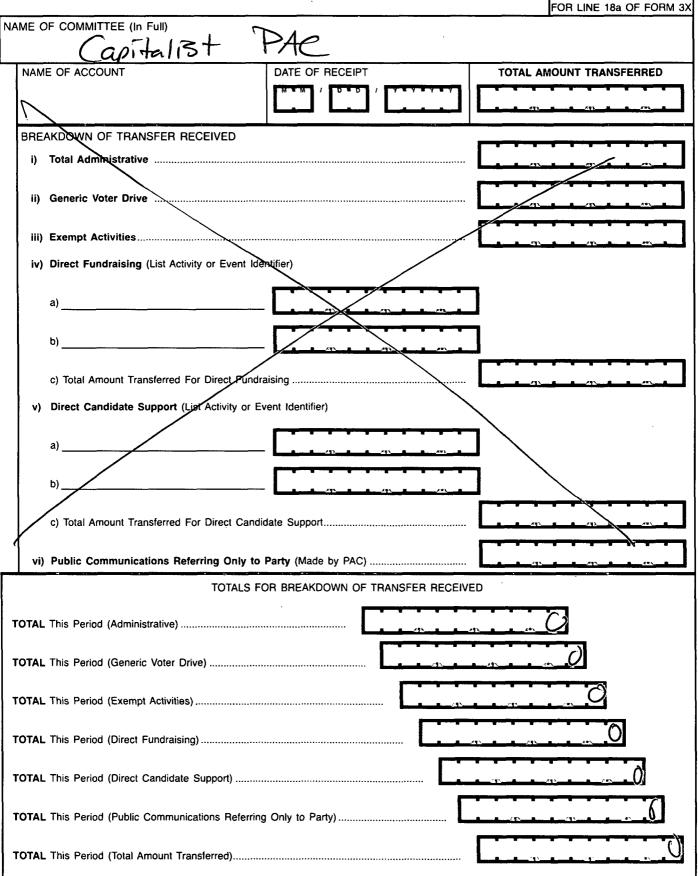
SCHEDULE H2 (FEC Form 3X) 1

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| 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: | |
| FUNDRAISING activities are allocated using the "funds received method" where the federal pro- expenses must equal the federal proportion of monies raised. | 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

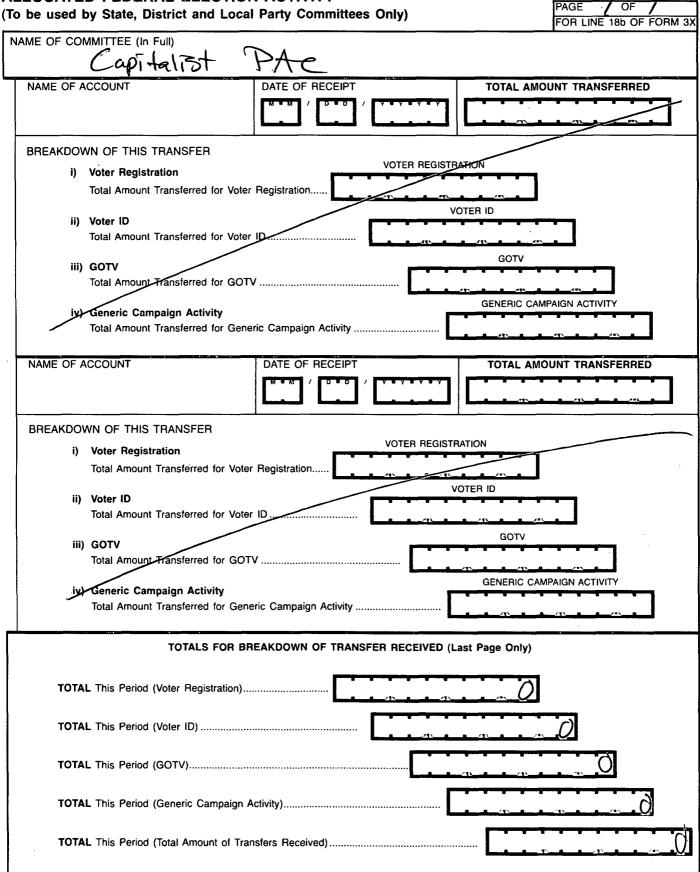
| | DERAL/NONFEDERAL ACTIN | | | | FOR LINE 21a OF FORM 3) |
|----|--|------------------|--------------|-------------------|--|
| NA | AME OF COMMITTEE (In Full) Capitalist | PA | e | | |
| Ā. | Full Name (Last, First, Middle Initial) | | | | Allocated Activity or Event: |
| | Mailing Address | | | | 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: | | | | |
| | 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)

| 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 |
| | | ,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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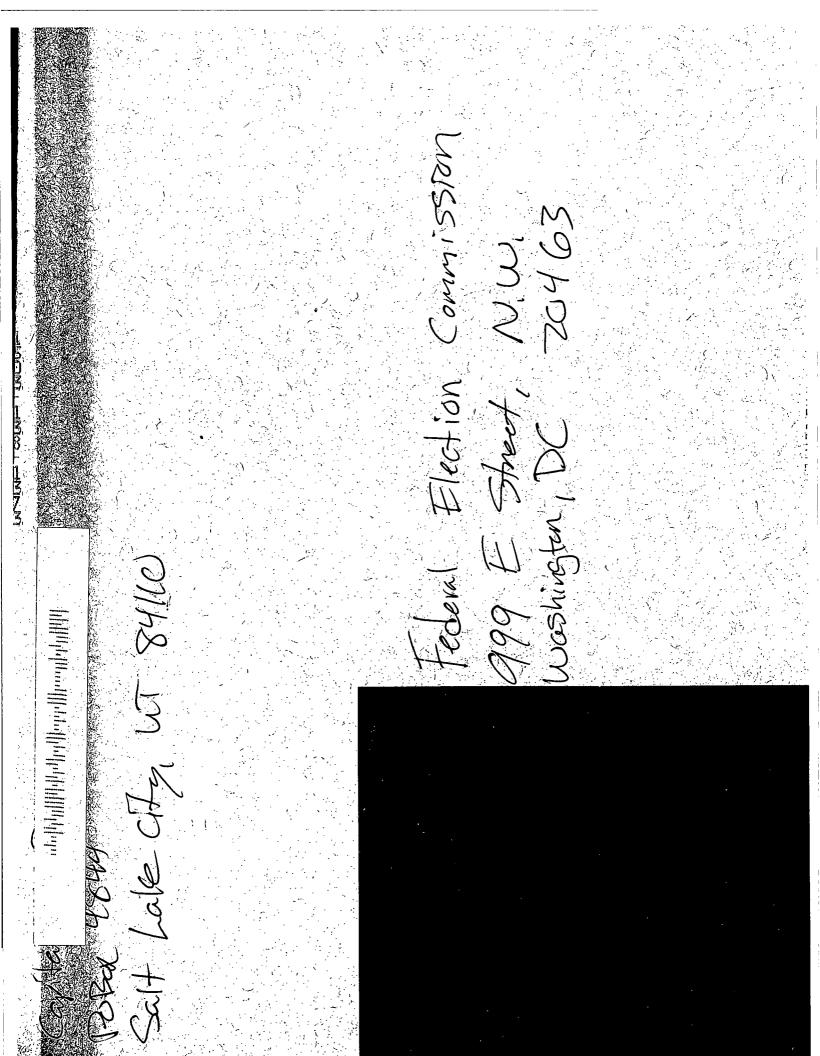
| SCHEDULE L–B (FEC Form 3X) | | |
|--|--|---|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only one) |
| OF LEVIN FUNDS | for each category of the Aggregation Page | 4a 4c 5 4b 4d |
| Any information copied from such Reports and Statements may or for commercial purposes, other than using 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) | |