

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2018 FEB 5 AM 9:47
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Wake Up PAc

ADDRESS (number and street)

517 24th Street NE

Check if different than previously reported. (ACC)

Washington

DC

20002-1

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00649343

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

M M / D D / Y Y Y Y

in the State of

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

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

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2017

through

M M / D D / Y Y Y Y
12 / 31 / 2017

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

William B. Washington

Signature of Treasurer

William B. Washington

Date

M M / D D / Y Y Y Y
01 / 23 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Wake Up PAC

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2017

To:

MM / DD / YYYY
12 / 31 / 2017

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2018		1,500.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19).....	1,500.00	1,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,500.00	1,500.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,500.00	1,500.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	



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

COLUMN A: LINE 6(b) THROUGH 6(d); LINE 7; LINE 8; LINE 9; LINE 10

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Wake Up PAC

Report Covering the Period: From:

M	M
07	01

 /

D	D
01	20

 /

Y	Y	Y	Y	Y	Y
2	0	1	7		

 To:

M	M
12	31

 /

D	D
31	20

 /

Y	Y	Y	Y	Y	Y
2	0	1	7		

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).....

1,500.00

1,500.00

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

1,500.00

1,500.00

(b) Political Party Committees.....
(c) Other Political Committees (such as PACs).....
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,500.00

1,500.00

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

13. All Loans Received.....

14. Loan Repayments Received.....

15. 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.....

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

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account (from Schedule H3).....

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

(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)).....▶

1,500.00

1,500.00

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

1,500.00

1,500.00

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(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)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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 (Including Non-Federal Donations)		
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

NON-FEDERAL DONATIONS

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

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

NAME OF COMMITTEE (In Full)
WakeUp PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John Jameson

Mailing Address
666 N. Carolina Ave SE

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Winning Connections** Occupation (for Individual) **President & Founder**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 / 18 / 2017

Amount of Each Receipt this Period
1,000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jay Bryant

Mailing Address
Information requested

City **Los Angeles** State **CA** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **self** Occupation (for Individual) **Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 / 20 / 2017

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ **1,500.00**

TOTAL This Period (last page this line number only) ▶ **1,500.00**

NOT FOR CREDIT

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 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 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)

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼ _____

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number _____

Amount of Each Disbursement this Period _____

Memo Item

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number _____

Amount of Each Disbursement this Period _____

Memo Item

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼ _____

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number _____

Amount of Each Disbursement this Period _____

Memo Item

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

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

Downloaded from www.fec.gov

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

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

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan		Interest Rate (APR)	
Mailing Address		Date Incurred or Established		Date Due	
City	State	Zip Code			
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			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 incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:			Location of account: Address: City, State, Zip:		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature				DATE	
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					

2025 RELEASE UNDER E.O. 14176

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)

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

Amount Incurred This Period

Payment This Period

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

Amount Incurred This Period

Payment This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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 only) ►

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

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼ C	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>

NEVER DUPLICATE OR REPRODUCE

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure		Category/Type <input type="text"/>	Name of Federal Candidate:	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure		Category/Type <input type="text"/>	Name of Federal Candidate:	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <input type="text"/>
(c) TOTAL Independent Expenditures	▶ <input type="text"/>

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 _____ Date / /

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**

PAGE _____ OF _____
FOR LINE 25 OF FORM 3X

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

NAME OF COMMITTEE (In Full) _____

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 _____ <input type="checkbox"/> Memo Item Mailing Address _____ City _____ State _____ Zip Code _____	Purpose of Expenditure _____ Category/Type _____ Date _____ Amount _____ Aggregate General Election Expenditure for this Candidate ► _____			
Name of Federal Candidate Supported _____	Office Sought: _____	House _____ Senate _____ Presidential _____	State: _____ District: _____	

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

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

SUBTOTAL of Expenditures This Page (optional)..... ►	_____
TOTAL This Period (last page this line number only)..... ►	_____

NATIONAL CONFERENCE OF POLITICAL PARTY COMMISSIONERS

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)

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

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

20160501 10:00 AM

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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

Methods of allocation:

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

NON-FEDERAL CANDIDATE INFORMATION

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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

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

NAME OF COMMITTEE (In Full)

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

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)

NATIONAL ARCHIVE OF GOVERNMENT DOCUMENTS

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC												
Mailing Address			Allocated Activity or Event Year-To-Date _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/>												
City	State	Zip Code													
Purpose of Disbursement:		Category/Type													
Activity or Event Identifier:			<table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;">FEDERAL SHARE</td> <td style="text-align: center; border: none;">+</td> <td style="text-align: center; border: none;">NONFEDERAL SHARE</td> <td style="text-align: center; border: none;">=</td> <td style="text-align: center; border: none;">TOTAL AMOUNT</td> </tr> <tr> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> </table>			FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT					
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT											

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC												
Mailing Address			Allocated Activity or Event Year-To-Date _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/>												
City	State	Zip Code													
Purpose of Disbursement:		Category/Type													
Activity or Event Identifier:			<table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;">FEDERAL SHARE</td> <td style="text-align: center; border: none;">+</td> <td style="text-align: center; border: none;">NONFEDERAL SHARE</td> <td style="text-align: center; border: none;">=</td> <td style="text-align: center; border: none;">TOTAL AMOUNT</td> </tr> <tr> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> </table>			FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT					
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT											

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC												
Mailing Address			Allocated Activity or Event Year-To-Date _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/>												
City	State	Zip Code													
Purpose of Disbursement:		Category/Type													
Activity or Event Identifier:			<table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;">FEDERAL SHARE</td> <td style="text-align: center; border: none;">+</td> <td style="text-align: center; border: none;">NONFEDERAL SHARE</td> <td style="text-align: center; border: none;">=</td> <td style="text-align: center; border: none;">TOTAL AMOUNT</td> </tr> <tr> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> </table>			FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT					
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT											

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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)

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

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

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

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).....

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

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

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

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

NONDISCRIMINATION

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

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

NATIONAL CONFIDENTIALITY BOARD

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) 1a 2

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

NAME OF COMMITTEE (In Full)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

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

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

**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: PAGE OF
(check only one) 4a 4c 5
 4b 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)

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

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


Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

20160501 10:00:00 AM

This envelope is made from post-consumer waste. Please recycle - again. 



Return to:



US POSTAGE PAID
\$6.70

Origin: 33317
Destination: 20463
0 Lb 4.90 Oz
Jan 29, 18
1130570274-18

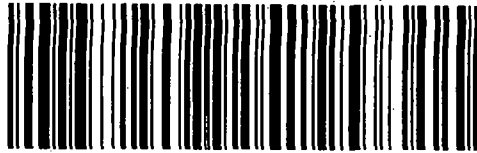
1004

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

PRIORITY MAIL 2-Day[®]

Expected Delivery Day: 01/31/2018

USPS TRACKING NUMBER



9505 5156 2313 8029 2798 66

**PRIORITY[®]
★ MAIL ★**



VISIT US AT USPS.COM[®]
ORDER FREE SUPPLIES ONLINE

FROM:

WakeUp PAC
9400 Sea Turtle Lane
Plantation, FL 33324

TO:

Federal Election Commission
999 E Street NW
Washington, D.C. 20463

PRESS FIRMLY TO SEAL

PRIORITY MAIL[®]
POSTAGE REQUIRED

PS00001000014 NORTHERN CALIFORNIA BUSINESS MAIL



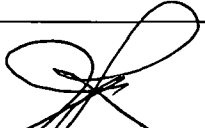
FDIAE 1111 2012

VISIT USPS.COM[®]



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked <i>01-29-2018</i>
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

02-05-2018
 DATE PREPARED

NON-PROFIT CORPORATION