

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

1004 OCT 19 A 11:18

Office Use Only

1 NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines 12FB4MS  
REPUBLICAN PARTY OF KENDALL COUNTY

ADDRESS (include and street) 810 EAST BLANCK  
Check if different from previously reported (ACC) PO BOX 120006 TX 75006

2. FEC IDENTIFICATION NUMBER 00406322 CITY STATE ZIP CODE

3. IS THIS REPORT NEW OR AMENDED (N) OR (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 21. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 08 24 2004 through 09 30 2004

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 Virginia D. Peters

Signature of Treasurer Virginia D. Peters Date 10 14 2004

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE**  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3K (Rev. 02/2003)

Page 2

Write or Type Committee Name

Republican Party of Kendall County

Report Covering the Period:

From: 08 24 2004

To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	2,559.51	2,559.51
(b) Cash on Hand at Beginning of Reporting Period.....	2,403.75	
(c) Total Receipts (from Line 19).....	8,874.47	8,874.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11,283.22	11,433.98
7. Total Disbursements (from Line 31).....	7,202.48	7,202.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,080.74	4,231.50
9. Debts and Obligations Owed TO the Committee (transfer all on Schedule C and/or Schedule D).....	-	-
10. Debts and Obligations Owed BY the Committee (transfer all on Schedule C and/or Schedule D).....	-	-

This committee has qualified as a noncandidate committee. (see FEC FORM 107)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20469

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

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name:

Republican Party of Kendall County

Report Covering the Period:

From: 08 24 2004

to: 09 30 2004

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):	6,670.00	6,670.00
(ii) Unitemized	845.56	845.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7,515.56	7,515.56
(b) Political Party Committees	750.00	750.00
(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)	8,265.56	8,265.56
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)	608.91	608.91
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))	8,874.47	8,874.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8,874.47	8,874.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/20/93)

Page 4

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 .....	-	-
(ii) Non-Federal Share .....	-	-
(b) Other Federal Operating Expenditures .....	7,202.48	7,202.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7,202.48	7,202.48
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 (2 U.S.C. 5441a(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 .....	-	-
30. Federal Election Activity (2 U.S.C. 5451(a)(2))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(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)) ..	7,202.48	7,202.48
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31) .....	-	-

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2003)

Page 5

B. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, 8,265.56	, , -
34. Total Contribution Refunds (from Line 20(d)) .....	, -	, , -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 8,265.56	, , -
36. Total Federal Operating Expenditures (split Line 21(a)(i) and Line 21(b)) .....	, 7,202.48	, , -
37. Offset to Operating Expenditures (from Line 15, page 3) .....	, 608.91	, , -
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, 6,593.57	, , -

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

Use separate schedules for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)		PAGE OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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)  
**Republican Party of Kendall County**

Full Name (Last, First, Middle Initial) <b>A. Blanch, E. W.</b>		Date of Receipt <b>08 20 2004</b>	
Mailing Address <b>415 Hwy 46 West</b>		Amount of Each Receipt This Period <b>5,000.00</b>	
City <b>Boerne</b>	State <b>TX</b>	Zip Code <b>78006</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>EW Blanch</b>		Occupation <b>Self-Employed</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date <b>5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Boerne Office Supply</b>		Date of Receipt <b>09 05 2004</b>	
Mailing Address <b>P.O. Box 1495</b>		Amount of Each Receipt This Period <b>1,070.00</b>	
City <b>Boerne</b>	State <b>TX</b>	Zip Code <b>78006</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date <b>1,070.00</b>	
		<b>In-kind Furniture items to be returned</b>	

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

SUBTOTAL of Receipts This Page (combine)	<b>6,070.00</b>
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category on the Detailed Summary Page		FOR LINE NUMBER (attach only total)		PAGE OF	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)  
**Republican Party of Kendall County**

Full Name (Last, First, Middle Initial) <b>A. Kendall County Republican Club</b>		Date of Receipt <b>09 15 2004</b>
Mailing Address <b>P.O. Box 2293</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Aurora</b>	State <b>IL</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date <b>500.00</b>

Full Name (Last, First, Middle Initial) <b>B. South Texas Republicans</b>		Date of Receipt <b>09 15 2004</b>
Mailing Address <b>29703 Fairway Bluff Drive</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Fair Oaks Ranch</b>	State <b>TX</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date <b>250.00</b>

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

<b>GRAND TOTAL of Receipts This Page (addition)</b>	<b>750.00</b>
<b>TOTAL This Form (last page this form number only)</b>	

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

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

FOR LINE NUMBER		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			17

Any information copied from such Reports and Statements may not be 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)

Republican Party of Kendall

Full Name (Last, First, Middle Initial)

A. Texas Republican County Chairman Assoc.

Mailing Address

P.O. Box 10128

City

McAllen

State

TX

Zip Code

78509

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For

Primary  General  
 Other (specify) \*

Aggregate Year-to-Date \*

608.91

Date of Receipt

09 28 2004

Amount of Each Receipt This Period

608.91

Money returned for items purchased (Disbursement receipt - refer to Schedule B - 2nd page)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For

Primary  General  
 Other (specify) \*

Aggregate Year-to-Date \*

Date of Receipt

Amount of Each Receipt This Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For

Primary  General  
 Other (specify) \*

Aggregate Year-to-Date \*

Date of Receipt

Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

608.91

TOTAL This Period (last page this line number only)

602.91



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

Use separate subtotals for each category of the Detailed Summary Page	FOR LINE NUMBER(S): (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 23a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30c		

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
**Republican Party of Kendall County**

Full Name (Last, First, Middle Initial) <b>A. Mary Jane Griffin</b>		Date of Disbursement <b>09 21 2004</b>
Mailing Address <b>131 Ranger Creek Road</b>		Amount of Each Disbursement this Period <b>225.90</b>
City <b>Boerne</b>	State Zip Code <b>TX 78006</b>	
Purpose of Disbursement <b>Headquarters Supplies - Reimbursement</b>		Category/Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Tom Dashiell</b>		Date of Disbursement <b>09 21 2004</b>
Mailing Address <b>142 Spanish Pass</b>		Amount of Each Disbursement this Period <b>397.32</b>
City <b>Boerne</b>	State Zip Code <b>TX 78006</b>	
Purpose of Disbursement <b>Reimbursement for wages and HO electricity</b>		Category/Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. James McCormick</b>		Date of Disbursement <b>09 23 2004</b>
Mailing Address <b>210 East Bianca</b>		Amount of Each Disbursement this Period <b>100.12</b>
City <b>Boerne</b>	State Zip Code <b>TX 78006</b>	
Purpose of Disbursement <b>Stakes for Signs</b>		Category/Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	<b>731.34</b>
TOTAL This Period (last page this line number only)	

**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 checked="" type="checkbox"/> 210	<input type="checkbox"/> 22	<input type="checkbox"/> 29	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of making 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)  
**Republican Party of Kendall County**

**A. James McCormick**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 23 2004

Full Name (Last, First, Middle Initial)

Mailing Address: 210 East Blawie

City: Boerne State: TX Zip Code: 78006

Purpose of Disbursement: Bumper Stickers Purchased

Candidate Name: George W. Bush

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: District:

Amount of Each Disbursement This Period: 312.23

**B. Texas Republican County Chairman Association**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 07 2004

Full Name (Last, First, Middle Initial)

Mailing Address: PO Box 4418

City: McAllen State: TX Zip Code: 78509

Purpose of Disbursement: Presidential Campaign Signs

Candidate Name: George W. Bush

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: District:

Amount of Each Disbursement This Period: 3,116.25 (exempt)

**C. Oreiss Insurance**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 23 2004

Full Name (Last, First, Middle Initial)

Mailing Address: 805 North Main

City: Boerne State: TX Zip Code: 78006

Purpose of Disbursement: Insurance for County Party

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: District:

Amount of Each Disbursement This Period: 950.00

**SUBTOTAL of Disbursements This Page (optional): 4,378.48**

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

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

Use separate schedules for each category in the Database Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30a		

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)  
**Republican Party of Kendall County**

Full Name (Last, First, Middle Initial) <b>A. Boone Office Supply</b>		Date of Disbursement <b>09 05 2004</b>
Mailing Address <b>P.O. Box 1495</b>		Amount of Each Disbursement this Period <b>1,670.00</b> <b>In Kind</b>
City <b>Boone</b>	State <b>TX</b>	
Purpose of Disbursement <b>Furniture for Headquarters</b>		Category/Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <input type="checkbox"/> District: <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

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

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

SUBTOTAL of Disbursements This Page (optional)	<b>1,670.00</b>
TOTAL This Period (last page this line number only)	<b>6,779.82</b>

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 12 OF FORM 3X	

NAME OF COMMITTEE (in Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	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 Payments To Date
	Balance Outstanding at Close of This Period

TERMS	Date Issued	Date Due	Interest Rate	Secured
	M / D / Y	M / D / Y	% (qtr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Sources

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

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

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

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

Supplemental to  
 information found on  
 Page \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20485

NAME OF COMMITTEE (in Full)		FEC IDENTIFICATION NUMBER <b>C</b>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	
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, estate 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(a)(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 secures 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: _____		

**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	

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	

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	

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 (for page and 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**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FCA LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full)	FEC IDENTIFICATION NUMBER <b>C</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date M / D / Y
Mailing Address	Amount \$
City State Zip Code	
Purpose of Expenditure	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:	
Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date FEC Election for Office Sought	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date M / D / Y
Mailing Address	Amount \$
City State Zip Code	
Purpose of Expenditure	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:	
Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date FEC Election for Office Sought	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	\$
(b) SUBTOTAL of Unitemized Independent Expenditures	\$
(c) TOTAL Independent Expenditures	\$

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.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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

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

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in Full)	Check # 24-hour notice
-----------------------------	---------------------------

Have your committee been designated to utilize coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee.	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State District
Aggregate General Election Expenditures for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State District
Aggregate General Election Expenditures for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State District
Aggregate General Election Expenditures for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	

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



**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (in Full)	
<b>USE ONLY ONE SECTION</b>	
<b>State and Local Party Committees</b>	
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 Non-Connected Committees</b>	
Funds Expended	
Estimated Direct Candidate Support -- Federal .....	%
Estimated Direct Candidate Support -- Non-Federal .....	%
<b>ADJUSTMENTS TO FUNDS EXPENDED:</b>	
Actual Direct Candidate Support -- Federal .....	%
Actual Direct Candidate Support -- Non-Federal .....	%

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (in Full)

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

Methods of allocation:

1. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
2. 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.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
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	. %	. %
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	. %	. %
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	. %	. %
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	. %	. %
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	. %	. %
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	. %	. %

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

PAGE 12 OF  
 FORM LINE 12a OF FORM 3X

NAME OF COMMITTEE (in Full)

NAME OF ACCOUNT	DATE OF RECEIPT M D Y	TOTAL AMOUNT TRANSFERRED
-----------------	--------------------------	--------------------------

**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		

**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 (Total Amount Transferred)		

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS OF ALLOCATED  
FEDERAL/NON-FEDERAL ACTIVITY**

PAGE OF  
FORM LINE 21a OF FORM 3X

NAME OF COMMITTEE (in Full)

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

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

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

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page:			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only) (Federal share to 21(a)(1) and Non-Federal share to 21(a)(1)(B))			TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share			

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

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

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

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR USE IN: OF FOREIGN

NAME OF COMMITTEE (In Full) \_\_\_\_\_

NAME OF ACCOUNT	DATE OF RECEIPT M . . . . . Y . . . . . Y	TOTAL AMOUNT TRANSFERRED
<b>BREAKDOWN OF THIS TRANSFER</b>		
		VOTER REGISTRATION
i) Voter Registration		
Total Amount Transferred for Voter Registration .....		
		VOTER ID
ii) Voter ID		
Total Amount Transferred for Voter ID .....		
		GOTV
iii) GOTV		
Total Amount Transferred for GOTV .....		
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		
Total Amount Transferred for Generic Campaign Activity .....		

NAME OF ACCOUNT	DATE OF RECEIPT M . . . . . Y . . . . . Y	TOTAL AMOUNT TRANSFERRED
<b>BREAKDOWN OF THIS TRANSFER</b>		
		VOTER REGISTRATION
i) Voter Registration		
Total Amount Transferred for Voter Registration .....		
		VOTER ID
ii) Voter ID		
Total Amount Transferred for Voter ID .....		
		GOTV
iii) GOTV		
Total Amount Transferred for GOTV .....		
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		
Total Amount Transferred for Generic Campaign Activity .....		

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

TOTAL This Period (Voter Registration) .....		
TOTAL This Period (Voter ID) .....		
TOTAL This Period (GOTV) .....		
TOTAL This Period (Generic Campaign Activity) .....		
TOTAL This Period (Total Amount of Transfers Received) .....		

**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)

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 306 OF FORM 3X

NAME OF COMMITTEE (In Full)

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

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

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

SUBTOTAL of Shared Federal and Levin Activity This Page		TOTAL AMOUNT	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
\$      \$      \$		\$      \$      \$	\$      \$      \$
TOTAL This Period (Total page for each line only)(Federal share is 20(a)(6) and Levin share is 30(a)(6))		TOTAL AMOUNT	
FEDERAL SHARE		LEVIN SHARE	\$      \$      \$
\$      \$      \$		\$      \$      \$	
TOTAL This Period for the Levin Share			
\$      \$      \$		\$      \$      \$	

**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		
<b>1. RECEIPTS FROM PERSONS</b>						
(a) Itemized ..... (Use Schedule L-A)	1	2	*	1	2	*
(b) Unitemized .....	1	2	*	1	2	*
(c) Total .....	2	3	*	1	2	*
<b>2. OTHER RECEIPTS .....</b>	1	2	*	1	2	*
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)	2	3	*	1	2	*
<b>4. TRANSFERS TO FEDERAL GR.     ALLOCATION ACCOUNT</b> (Use Schedule L-B)						
(a) Voter Registrations .....	2	1	*	2	1	*
(b) Voter ID .....	2	1	*	2	1	*
(c) GOTV .....	2	1	*	2	1	*
(d) Generic Campaigns .....	2	1	*	2	1	*
(e) Total .....	2	1	*	2	1	*
<b>5. OTHER DISBURSEMENTS .....</b>	2	1	*	2	1	*
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)	2	1	*	2	1	*
<b>7. BEGINNING CASH ON HAND .....</b> (For Column B, use cash as of January 1st)	2	1	*	1	2	*
<b>8. RECEIPTS .....</b> (From Line 3)	2	1	*	2	1	*
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)	2	1	*	2	1	*
<b>10. DISBURSEMENTS .....</b> (From Line 6)	1	2	*	1	2	*
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)	2	1	*	2	1	*

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

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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y
	Amount of Each Receipt this Period \$      .      .
	Aggregate Year-to-Date \$      .      .

<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y
	Amount of Each Receipt this Period \$      .      .
	Aggregate Year-to-Date \$      .      .

<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y
	Amount of Each Receipt this Period \$      .      .
	Aggregate Year-to-Date \$      .      .

<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y
	Amount of Each Receipt this Period \$      .      .
	Aggregate Year-to-Date \$      .      .

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



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

Use separate schedules for each category of the Aggregation Page

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

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

NAME OF COMMITTEE (in Full)

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM . DD . YY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . .

B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM . DD . YY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . .

C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM . DD . YY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . .

D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM . DD . YY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . .

E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM . DD . YY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . .

SUBTOTAL of Disbursements This Page (optional)	\$ . .
TOTAL This Period (last page this line number only)	\$ . .

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
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-14-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>861</i> PREPARER	10-19-04 DATE PREPARED