

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 JAN 30 AM 9:32

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Generation E Political Action Committee

ADDRESS (number and street) 6009 Ramsgate Road

Check if different than previously reported. (ACC) Bethesda MD 20816

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00648980

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period 07 / 01 / 2017 through 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 Michael Riley Place

Signature of Treasurer *Michael Riley Place* Date 12 / 28 / 2017

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							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Generation E Political Action Committee

Report Covering the Period: From:

07 / 01 / 2017

To:

12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017	00000	00000
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	640.46	640.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	640.46	640.46
7. Total Disbursements (from Line 31).....	422.00	422.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	218.46	218.46
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

2018-01-10 10:01:30 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

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).....	2 1 1. 0 0	2 1 1. 0 0
(ii) Unitemized.....	4 2 9. 4 6	4 2 9. 4 6
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6 4 0. 4 6	6 4 0. 4 6
(b) Political Party Committees.....	0. 0 0	0. 0 0
(c) Other Political Committees (such as PACs).....	0. 0 0	0. 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	6 4 0. 4 6	6 4 0. 4 6
12. Transfers From Affiliated/Other Party Committees.....	0. 0 0	0. 0 0
13. All Loans Received.....	0. 0 0	0. 0 0
14. Loan Repayments Received.....	0. 0 0	0. 0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0. 0 0	0. 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0. 0 0	0. 0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0. 0 0	0. 0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0. 0 0	0. 0 0
(b) Levin Funds (from Schedule H5).....	0. 0 0	0. 0 0
(c) Total Transfers (add 18(a) and 18(b))..	0. 0 0	0. 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6 4 0. 4 6	6 4 0. 4 6
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6 4 0. 4 6	6 4 0. 4 6

2018-01-10 10:00:00

DETAILED SUMMARY PAGE
of Disbursements

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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	0.000	0.000
(ii) Non-Federal Share	0.000	0.000
(b) Other Federal Operating Expenditures	2 1 1.000	2 1 1.000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2 1 1.000	2 1 1.000
22. Transfers to Affiliated/Other Party Committees	0.000	0.000
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.000	0.000
24. Independent Expenditures (use Schedule E)	0.000	0.000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.000	0.000
26. Loan Repayments Made	0.000	0.000
27. Loans Made	0.000	0.000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2 1 1.000	2 1 1.000
(b) Political Party Committees	0.000	0.000
(c) Other Political Committees (such as PACs)	0.000	0.000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	2 1 1.000	2 1 1.000
29. Other Disbursements (Including Non-Federal Donations)	0.000	0.000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.000	0.000
(ii) "Levin" Share	0.000	0.000
(b) Federal Election Activity Paid Entirely With Federal Funds	0.000	0.000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.000	0.000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4 2 2.000	4 2 2.000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4 2 2.000	4 2 2.000

NON-FEDERAL DONATION

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6 4 0.4 6	6 4 0.4 6
34. Total Contribution Refunds (from Line 28(d))	2 1 1.0 0	2 1 1.0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4 2 9.4 6	4 2 9.4 6
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2 1 1.0 0	2 1 1.0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0. 0 0	0. 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2 1 1.0 0	2 1 1.0 0

NATIONAL INFORMATION

**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 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		

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)
Generation E Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Michael Riley Place

Mailing Address
6009 Ramsgate Road

City **Bethesda** State **MD** Zip Code **20816**

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
11 / 10 / 2017

Amount of Each Receipt this Period
211.00

Memo Item

Expenses to be Reimbursed

B. 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

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).....▶ **640.46**

TOTAL This Period (last page this line number only).....▶ **640.46**

2017-10-10 10:00:00 AM

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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

NAME OF COMMITTEE (In Full)

Generation E Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Riley Place

Mailing Address

6009 Ramsgate Road

City

Bethesda

State

MD

Zip Code

20816

Purpose of Disbursement

Expenses Reimbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

11 / 10 / 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

211.00

Memo Item See Schedule A

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

211.00

2017-10-10 10:10:10

**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)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

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.

20160508 10:00 AM

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>
-----------------------------	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %
Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
City	State	Zip Code
Date Due		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>

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

B. If line of credit, Total Outstanding Balance:

Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

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

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established:

M M M

D D D

Y Y Y Y Y Y Y Y

 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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>
---	---

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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>
Title	

20140101 011 M10 001 0010000110

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

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

2018-01-10 11:00 AM

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Generation E Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C 0 0 6 4 8 9 8 0
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report <input checked="" type="checkbox"/> Amends report filed on <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

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

(a) SUBTOTAL of Itemized Independent Expenditures	_____ 0. 0 0
(b) SUBTOTAL of Unitemized Independent Expenditures	_____ 2 1 1. 0 0
(c) TOTAL Independent Expenditures	_____ 2 1 1. 0 0

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.

M. Riley Place
Signature _____

Date / /

20100101M01001000100

**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				Purpose of Expenditure	<input type="text"/>
Mailing Address				Date	<input type="text"/>
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	<input type="text"/>
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>					

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

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

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

2014-01-10 10:00:00 AM

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

2018-01-10 10:10:10

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.

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

2018-01-10 10:00:00

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

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full) _____

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

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative []

ii) Generic Voter Drive []

iii) Exempt Activities []

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____ []

b) _____ []

c) Total Amount Transferred For Direct Fundraising []

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____ []

b) _____ []

c) Total Amount Transferred For Direct Candidate Support []

vi) Public Communications Referring Only to Party (Made by PAC) []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) []

TOTAL This Period (Generic Voter Drive) []

TOTAL This Period (Exempt Activities) []

TOTAL This Period (Direct Fundraising) []

TOTAL This Period (Direct Candidate Support) []

TOTAL This Period (Public Communications Referring Only to Party) []

TOTAL This Period (Total Amount Transferred) []

NON-FEDERAL ACCOUNTS

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:		
Mailing Address				<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City			State	Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:			<input type="checkbox"/> Category/Type	<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:				Allocated Activity or Event Year-To-Date		
				Date		
FEDERAL SHARE			+	NONFEDERAL SHARE		= TOTAL AMOUNT

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

C. Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Allocated Activity or Event:		
Mailing Address				<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City			State	Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:			<input type="checkbox"/> Category/Type	<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:				Allocated Activity or Event Year-To-Date		
				Date		
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

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

NAME OF COMMITTEE (In Full)

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				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date	
Purpose of Disbursement			Category/Type	<input type="checkbox"/>	<input type="checkbox"/>
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				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date	
Purpose of Disbursement			Category/Type	<input type="checkbox"/>	<input type="checkbox"/>
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				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date	
Purpose of Disbursement			Category/Type	<input type="checkbox"/>	<input type="checkbox"/>
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					

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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)	<input type="text"/>	<input type="text"/>
(b) Unitemized	<input type="text"/>	<input type="text"/>
(c) Total	<input type="text"/>	<input type="text"/>
2. OTHER RECEIPTS	<input type="text"/>	<input type="text"/>
3. TOTAL RECEIPTS	<input type="text"/>	<input type="text"/>
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	<input type="text"/>	<input type="text"/>
(b) Voter ID	<input type="text"/>	<input type="text"/>
(c) GOTV	<input type="text"/>	<input type="text"/>
(d) Generic Campaign	<input type="text"/>	<input type="text"/>
(e) Total	<input type="text"/>	<input type="text"/>
5. OTHER DISBURSEMENTS	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS	<input type="text"/>	<input type="text"/>
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	<input type="text"/>	<input type="text"/>
(for Column B, use cash as of January 1st)		
8. RECEIPTS	<input type="text"/>	<input type="text"/>
(from Line 3)		
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
(Add Lines 7 and 8)		
10. DISBURSEMENTS	<input type="text"/>	<input type="text"/>
(From Line 6)		
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/>
(Subtract Line 10 From Line 9)		

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

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 <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
--	--

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
--	--

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
--	--

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
--	--

SUBTOTAL of Receipts This Page (optional)..... ▶	Amount of Each Receipt this Period Aggregate Year-to-Date
TOTAL This Period (last page this line number only)..... ▶	Amount of Each Receipt this Period Aggregate Year-to-Date

2016-01-01 10:00:00 AM 100-1000000000

**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

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NAME OF COMMITTEE (In Full)

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

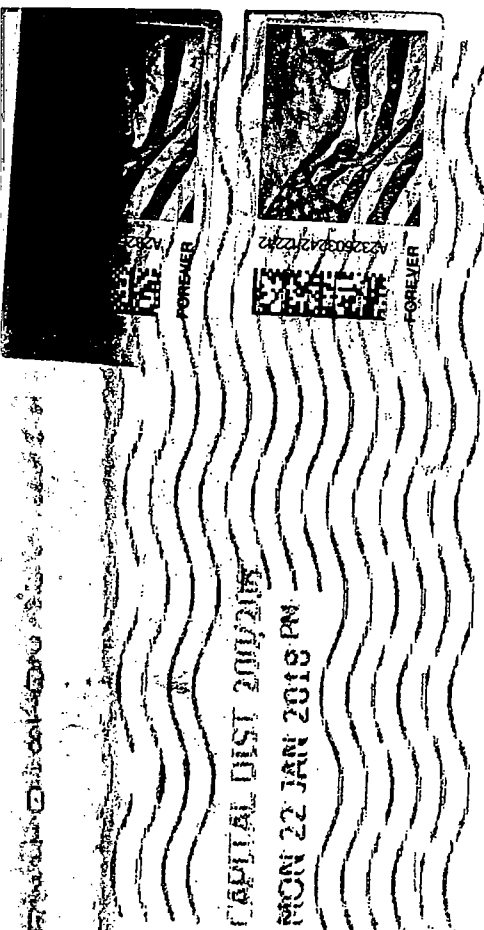
Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<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 *mf*

1/30/2018
 DATE PREPARED

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