

**FEC  
FORM 3X**

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

RECEIVED

2015 JAN 15 AM 11:58  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

VETERANS FOR CONGRESS

ADDRESS (number and street)

519 EAST INTERSTATE 30

SUITE 310

Check if different than previously reported. (ACC)

ROCKWALL

TX

75087

5408

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00563395

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

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

TX

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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 MELISSA ANN ARTERBURN

Signature of Treasurer

*Melissa Ann Arterburn*

Date

MM / DD / YYYY

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. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**VETERANS FOR CONGRESS**

Report Covering the Period:

From:

10 / 01 / 2014

To:

11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	000	000
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	000	1000000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	000	1000000
7. Total Disbursements (from Line 31).....	000	1000000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	000	000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**VETERANS FOR CONGRESS**

Report Covering the Period: From: **10 / 01 / 2014** To: **11 / 24 / 2014**

**I. Receipts**

**COLUMN A**  
Total This Period

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

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 0 0	9 9 0 0 0 0
(ii) Unitemized.....	0 0 0	1 0 0 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0 0 0	1 0 0 0 0 0
(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)..... ▶	0 0 0	0 0 0
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))..... ▶	0 0 0	1 0 0 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0 0 0	1 0 0 0 0 0

**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 0 0	0 0 0
(ii) Non-Federal Share.....	0 0 0	1 0 0 0 0 0 0
(b) Other Federal Operating Expenditures .....	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 0 0	1 0 0 0 0 0 0
22. Transfers to Affiliated/Other Party Committees.....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0 0 0	0 0 0
24. Independent Expenditures (use Schedule E) .....	0 0 0	0 0 0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0 0 0	0 0 0
26. Loan Repayments Made.....	0 0 0	0 0 0
27. Loans Made.....	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0 0	0 0 0
(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 Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0 0	0 0 0
29. Other Disbursements .....	0 0 0	0 0 0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) "Levin" Share.....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0 0	0 0 0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0 0 0	1 0 0 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0 0 0	1 0 0 0 0 0 0

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	0 0 0	1 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0 0 0	1 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0 0	1 0 0 0 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) .....	0 0 0	1 0 0 0 0 0

01-12-11 11:11:11 AM

**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	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)

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

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

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

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

**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)  
**VETERANS FOR CONGRESS**

<b>LOAN SOURCE</b> 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 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"/> % (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) ..... ▶

**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**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;">VETERANS FOR CONGRESS</p>	<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; text-align: center; font-family: monospace; font-size: 1.2em;">                     C 0 0 5 6 3 3 9 5                 </div>
---	---

<b>LENDING INSTITUTION (LENDER)</b> Full Name _____ Mailing Address _____ City _____ State _____ Zip Code _____	Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 80%;"></div> %
	Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M M M</div> /                      <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D D D</div> /                      <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Y Y Y Y Y Y</div> </div>	Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M M M</div> /                      <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D D D</div> /                      <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Y Y Y Y Y Y</div> </div>

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

M  
M  
M

 / 
 

D  
D  
D

 / 
 

Y  
Y  
Y  
Y  
Y  
Y

B. If line of credit, Amount of this Draw:       Total Outstanding Balance:

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

      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; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M M M</div> /                      <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D D D</div> /                      <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">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; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M M M</div> /                      <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D D D</div> /                      <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Y Y Y Y Y Y</div> </div>
Title	







**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**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)  
**VETERANS FOR CONGRESS**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<b>NO TRANSFERS FROM NONFEDERAL ACCOUNTS</b>	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) .....

11/11/11 11:11 AM



**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 LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full) **VETERANS FOR CONGRESS**

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

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**  
Total Amount Transferred for Voter ID.....
- iii) **GOTV**  
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity.....

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

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**  
Total Amount Transferred for Voter ID.....
- iii) **GOTV**  
Total Amount Transferred for GOTV.....
- 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).....

1103011-1111-11111111

**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)  
**VETERANS FOR CONGRESS**

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	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
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	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
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	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL</b> 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
<b>TOTAL</b> This Period for the Levin Share			

11/14/02 11:11 AM

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Federal Elections Commission  
999 E Street, NW  
Washington, DC  
20463

Federal Election Commission  
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<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

1/15/15  
DATE PREPARED

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