

To Whom It May Concern:

Enclosed is the year-end report for the Think Finance, Inc. PAC. As of now, the Think PAC has yet to distribute, borrow, or accept any funds. I recognize the tardiness of this filing, however up to this point the PAC has been completely inactive. Any activity by the PAC this quarter is promised to be reported in a timely manner.

Sincerely,

Haley Vondemkamp

Custodian of Records, Think PAC

RECEIVED
2014 MAR 25 AM 11:14
FEC MAIL CENTER

14031201419 61410215071

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 MAR 25 AM 11:14

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Think Finance, Inc. PAC

ADDRESS (number and street)

4150 International Plaza

Check if different
than previously
reported. (ACC)

Suite 400

Fort Worth

TX

76109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00551655

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)

YE 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)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

11 / 13 / 2013

through

12 / 31 / 2013

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 Brian Yates

Signature of Treasurer

Date

03 / 21 / 2014

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. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Think Finance, Inc. PAC

Report Covering the Period:

From:

11 / 13 / 2013

To:

12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 00		
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19)	000	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0 00	
7. Total Disbursements (from Line 31)	0 00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	000	
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)	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

Think Finance, Inc. PAC

Report Covering the Period:

From:

11 / 13 / 2013

To:

12 / 31 / 2013

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 00

(ii) Unitemized.....

000

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

000

(b) Political Party Committees.....

0 00

(c) Other Political Committees (such as PACs).....

0 00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

000

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

0 00

13. All Loans Received.....

0 00

14. Loan Repayments Received.....

0 00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 00

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

0 00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0 00

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

000

(c) Total Transfers (add 18(a) and 18(b))..

000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

000

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

0 00

14031201422

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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 00	
(ii) Non-Federal Share	000	
(b) Other Federal Operating Expenditures	0 00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 00	
22. Transfers to Affiliated/Other Party Committees	000	
23. Contributions to Federal Candidates/Committees and Other Political Committees	000	
24. Independent Expenditures (use Schedule E)	000	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 00	
26. Loan Repayments Made	000	
27. Loans Made	0 00	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 00	
(b) Political Party Committees	0 00	
(c) Other Political Committees (such as PACs)	000	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 00	
29. Other Disbursements	000	
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 00	
(ii) "Levin" Share	0 00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0 00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	000	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0 00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 00	
34. Total Contribution Refunds (from Line 28(d))	0 00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	000	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 00	

14031201424

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"/> 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)

Think Finance, Inc. PAC

(NO CONTRIBUTIONS MADE TO DATE)

Full Name (Last, First, Middle Initial)

A. N/A

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

0.00

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

0.00

**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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Think Finance, Inc. PAC

(NO CONTRIBUTIONS MADE TO DATE)

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. N/A

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

B.

Full Name (Last, First, Middle Initial)

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

C.

Full Name (Last, First, Middle Initial)

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

0.00

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)
Think Finance, Inc. PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

N/A

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:

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

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

% (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)..... ▶

0 00

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) Think Finance, Inc. PAC		FEC IDENTIFICATION NUMBER C 00551655	
LENDING INSTITUTION (LENDER) Full Name N/A		Amount of Loan 	Interest Rate (APR) %
Mailing Address 		Date Incurred or Established 	
City 	State 	Zip Code 	Date Due
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred </p>			
B. If line of credit, Amount of this Draw: 		Total Outstanding Balance: 	
<p>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.)</p>			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: 		<p>What is the value of this collateral? </p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
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: 		<p>What is the estimated value? 0 00</p>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: 		<p>Location of account: </p> <p>Address: </p> <p>City, State, Zip: </p>	
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 Brian Yates Signature Brian Yates		DATE 03 / 21 / 2014	
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>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.</p> <p>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.</p> <p>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.</p>			
AUTHORIZED REPRESENTATIVE Typed Name Haley Vondenkamp Signature Haley Vondenkamp		DATE 03 / 21 / 2014	

14031201428

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)
Think Finance, Inc. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

000

0 00

0 00

14031201429

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Think Finance, Inc. PAC	FEC IDENTIFICATION NUMBER ▼ C 00551555
--	--

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY

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

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District:
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per 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.

Signature Date 03 / 21 / 2014

14031201430

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) N/A																												
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																											
	<table border="1"> <tr> <td colspan="2">Full Name (Last, First, Middle Initial) of Each Payee</td> <td>Purpose of Expenditure</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Mailing Address</td> <td>Date</td> </tr> <tr> <td colspan="2">City State Zip Code</td> <td colspan="2"> <table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="2">Aggregate General Election Expenditure for this Candidate ▶</td> <td colspan="2">Amount</td> </tr> </table>	Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type	Mailing Address		Date	City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential		Aggregate General Election Expenditure for this Candidate ▶		Amount	
	Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type																								
Mailing Address		Date																										
City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential														
Name of Federal Candidate Supported	Office Sought:	House	State:																									
		Senate	District:																									
		Presidential																										
Aggregate General Election Expenditure for this Candidate ▶		Amount																										
<table border="1"> <tr> <td colspan="2">Full Name (Last, First, Middle Initial) of Each Payee</td> <td>Purpose of Expenditure</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Mailing Address</td> <td>Date</td> </tr> <tr> <td colspan="2">City State Zip Code</td> <td colspan="2"> <table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="2">Aggregate General Election Expenditure for this Candidate ▶</td> <td colspan="2">Amount</td> </tr> </table>		Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type	Mailing Address		Date	City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential		Aggregate General Election Expenditure for this Candidate ▶		Amount	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type																									
Mailing Address		Date																										
City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential														
Name of Federal Candidate Supported	Office Sought:	House	State:																									
		Senate	District:																									
		Presidential																										
Aggregate General Election Expenditure for this Candidate ▶		Amount																										
<table border="1"> <tr> <td colspan="2">Full Name (Last, First, Middle Initial) of Each Payee</td> <td>Purpose of Expenditure</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Mailing Address</td> <td>Date</td> </tr> <tr> <td colspan="2">City State Zip Code</td> <td colspan="2"> <table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="2">Aggregate General Election Expenditure for this Candidate ▶</td> <td colspan="2">Amount</td> </tr> </table>		Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type	Mailing Address		Date	City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential		Aggregate General Election Expenditure for this Candidate ▶		Amount	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type																									
Mailing Address		Date																										
City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential														
Name of Federal Candidate Supported	Office Sought:	House	State:																									
		Senate	District:																									
		Presidential																										
Aggregate General Election Expenditure for this Candidate ▶		Amount																										
<table border="1"> <tr> <td colspan="2">Full Name (Last, First, Middle Initial) of Each Payee</td> <td>Purpose of Expenditure</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Mailing Address</td> <td>Date</td> </tr> <tr> <td colspan="2">City State Zip Code</td> <td colspan="2"> <table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="2">Aggregate General Election Expenditure for this Candidate ▶</td> <td colspan="2">Amount</td> </tr> </table>		Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type	Mailing Address		Date	City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential		Aggregate General Election Expenditure for this Candidate ▶		Amount	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type																									
Mailing Address		Date																										
City State Zip Code		<table border="1"> <tr> <td>Name of Federal Candidate Supported</td> <td>Office Sought:</td> <td>House</td> <td>State:</td> </tr> <tr> <td></td> <td></td> <td>Senate</td> <td>District:</td> </tr> <tr> <td></td> <td></td> <td>Presidential</td> <td></td> </tr> </table>		Name of Federal Candidate Supported	Office Sought:	House	State:			Senate	District:			Presidential														
Name of Federal Candidate Supported	Office Sought:	House	State:																									
		Senate	District:																									
		Presidential																										
Aggregate General Election Expenditure for this Candidate ▶		Amount																										
SUBTOTAL of Expenditures This Page (optional).....▶		0 00																										
TOTAL This Period (last page this line number only).....▶		0 00																										

14031201431

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)

Think Finance, Inc. PAC (NO EXPENDITURES, COSTS TO DATE)

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 ☐

14031201432

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Think Finance, Inc. PAC

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 <u>N/A</u></p> <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER _____</p> <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER _____</p> <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER _____</p> <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER _____</p> <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER _____</p> <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %</p>

**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)

Think Finance, Inc. PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
N/A	M - M / D - D / Y - Y - Y - Y	0.00

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).....

0.00

14031201434

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Think Finance, Inc. PAC

(NO CONTRIBUTIONS MADE TO DATE)

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

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

0.00

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) N/A
--

NAME OF ACCOUNT	DATE OF RECEIPT <small>M M / D D / Y Y Y Y</small>	TOTAL AMOUNT TRANSFERRED
-----------------	---	--------------------------

BREAKDOWN OF THIS TRANSFER

- | | |
|--|--|
| i) Voter Registration
Total Amount Transferred for Voter Registration..... | VOTER REGISTRATION
[Faint text] |
| ii) Voter ID
Total Amount Transferred for Voter ID | VOTER ID
[Faint text] |
| iii) GOTV
Total Amount Transferred for GOTV | GOTV
[Faint text] |
| iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY
[Faint text] |

NAME OF ACCOUNT	DATE OF RECEIPT <small>M M / D D / Y Y Y Y</small>	TOTAL AMOUNT TRANSFERRED
-----------------	---	--------------------------

BREAKDOWN OF THIS TRANSFER

- | | |
|--|--|
| i) Voter Registration
Total Amount Transferred for Voter Registration..... | VOTER REGISTRATION
[Faint text] |
| ii) Voter ID
Total Amount Transferred for Voter ID | VOTER ID
[Faint text] |
| iii) GOTV
Total Amount Transferred for GOTV | GOTV
[Faint text] |
| iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY
[Faint text] |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

14031201436

**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 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)
N/A

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	Category/ Type	Date
Purpose of Disbursement				

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	Category/ Type	Date
Purpose of Disbursement				

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	Category/ Type	Date
Purpose of Disbursement				

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				TOTAL AMOUNT
		LEVIN SHARE		
TOTAL This Period for the Levin Share				

14031201437

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

NAME OF COMMITTEE (In Full)
N/A
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		000
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		0.00
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		0.00
8. RECEIPTS (from Line 3)		0.00
9. SUBTOTAL (Add Lines 7 and 8)		0.00
10. DISBURSEMENTS (From Line 6)		0.00
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		0.00

14031201438

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

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

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a ☐ 2

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

NAME OF COMMITTEE (In Full)

N/A

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

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

0.00

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:
(check only one)

PAGE OF
☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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

NAME OF COMMITTEE (In Full)

N/A

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0. 00
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0. 00
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0. 00
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0. 00
E. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	
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).....	



3/24/2014

FedEx Ship Manager - Print Your Label(s)

From: (817) 546-2700
Haley Vondenkamp
Think Finance
4150 International Plaza
Suite 400
Fort Worth, TX 76109

Origin ID: GLEA

FedEx
Express



J14101402070326

SHIP TO: (800) 424-9530

BILL SENDER

Federal Election Commission

999 E Street NW

WASHINGTON, DC 20463

Ship Date: 24MAR14
ActWgt: 0.5 LB
CAD: 9243929/NET3490

Delivery Address Bar Code



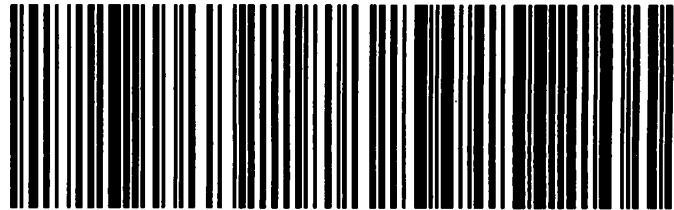
Ref #
Invoice #
PO #
Dept #

TUE - 25 MAR AA
STANDARD OVERNIGHT

TRK# 7983 1579 9129
0201

20463
DC-US
IAD

XC RDVA



522G1/CC4F/F220

After printing this label:

X-RAYED BY FEC SECURITY

RT 677 6

9129
03.25

RECEIVED
2014 MAR 25 AM 11:14
FEC MAIL CENTER

FZ

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 type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

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

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

☐ Postmark Illegible

☐ No Postmark


<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FED-EX	Shipping Date 3/24/14	
	Next Business Day Delivery	<input checked="" 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
(8/2013)

3/25/14
DATE PREPARED

14031201442