

5/16/16

To whom this may concern,

Please find form 3X. This will terminate Citizens Against Excessive Regulations. I opened this Committee up with 100.00. No income or disbursement occurred. We are terminating this as of 5/16/16. It opened 1/9/16. Thank you for your kind cooperation.

Will you send me confirmation this is terminated?

Thank you,

Ed Morbat

48 Tintle Road Kinnelon, NJ 07405

2016-03-25 (00001510)

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 MAY 25 AM 7:04

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CITIZENS AGAINST EXCESSIVE REGULATIONS

ADDRESS (number and street)

48 TINTALIA RD KINNELAN NY 12545



Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00602987

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)

☐ 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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

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

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

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

EDWARD MORBA

Signature of Treasurer

Date

MM / DD / YYYY

MM / DD / YYYY

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

*Citizens Against Excessive Regulations*

Report Covering the Period:

From:

01 / 01 / 2016

To:

12 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		0
(b) Cash on Hand at Beginning of Reporting Period.....	100	
(c) Total Receipts (from Line 19) .....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100	100
7. Total Disbursements (from Line 31) .....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	100	100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	



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. 02/2003)

Page 3

Write or Type Committee Name

CITIZENS AGAINST Excessive Regulations

Report Covering the Period:

From:

01 / 01 / 2016

To:

02 / 01 / 2016

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).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

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

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

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

## Page 4

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

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- [illegible]

- [illegible]

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|----|----|----|
| 52 | 52 | 52 |
|    |    |    |

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|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

- 
- Figure 1 is a schematic diagram of the experimental setup. It shows a subject seated at a table, looking at a video screen. A camera is positioned above the screen. A horizontal bar is placed on the table, with a vertical rod attached to it. The rod is connected to a motor unit. The motor unit is connected to a power source. The video screen displays the visual feedback of the hand position.

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## Page 5

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

<p>33. Total Contributions (other than loans) (from Line 11(d), page 3) .....</p> <p>34. Total Contribution Refunds (from Line 28(d)).....</p> <p>35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....</p> <p>36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶</p> <p>37. Offsets to Operating Expenditures (from Line 15, page 3).....</p> <p>38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶</p>	
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2019-04-26 00:15:47

**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

☐ 11a   ☐ 11b   ☐ 11c   ☐ 12   ☐ 17  
☐ 13   ☐ 14   ☐ 15   ☐ 16

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)

CITIZENS AGAINST Excessive Regulations

**Full Name (Last, First, Middle Initial)**

<b>A.</b> Mailing Address		Date of Receipt <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; text-align: center;">M M</div> <div style="font-size: 10px;">/</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: center;">D D</div> <div style="font-size: 10px;">/</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		<div style="border: 1px solid black; padding: 2px 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; text-align: center; width: 20px;">C</div> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div>	
Name of Employer	Occupation		
Receipt For: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Primary           <input type="checkbox"/> Other (specify) ▼         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> General         </div> </div>		Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px 10px; display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div>	

**Full Name (Last, First, Middle Initial)**

<b>B.</b> Mailing Address		Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M M</span> / <span>D D D</span> / <span>Y Y Y Y Y Y</span> </div>
City	State	Zip Code
FEC ID number of contributing federal political committee.		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 0 5px; font-weight: bold;">C</span> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-left: 5px;"></div> </div>
Name of Employer	Occupation	
Receipt For: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <input type="checkbox"/> Primary           <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> <div style="width: 55%;">           Aggregate Year-to-Date ▼  <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-left: 5px;"></div> </div> </div> </div>		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-left: 5px;"></div> </div> <input type="checkbox"/> Memo Item

**Full Name (Last, First, Middle Initial)**

<b>C. Mailing Address</b>			<b>Date of Receipt</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>	
<b>FEC ID number of contributing federal political committee.</b>			<b>Amount of Each Receipt this Period</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>Name of Employer</b>		<b>Occupation</b>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Memo Item</div> </div>	
<b>Receipt For:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Primary  <input type="checkbox"/> Other (specify)         </div> <div> <input type="checkbox"/> General         </div> </div>		<b>Aggregate Year-to-Date ▼</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 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)

*Citizens AGAINST Excessive Regulation*

Full Name (Last, First, Middle Initial)

<b>A.</b> Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period Memo Item
<b>B.</b> Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period Memo Item
<b>C.</b> Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period Memo Item
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶		
<b>TOTAL</b> This Period (last page this line number only).....▶		



**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)

*Citizens for Excess Regulation*

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:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_%

(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.

# 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) <i>Citizens Against Excessive Regulation</i>		FEC IDENTIFICATION NUMBER <b>C00602987</b>	
LENDING INSTITUTION (LENDER) Full Name		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: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>	
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>			
		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></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 <i>Edward Moran</i> Signature <i>[Signature]</i>		DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div></div></div>	
		Title <i>Treasurer</i>	

# 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)

*Citizens Against Excessive Regulation*

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAGE	OF
FOR LINE 24 OF FORM 3X	

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee ☐ Memo Item

Full Name of Payee ☐ Memo Item

**(a) SUBTOTAL of Itemized Independent Expenditures.....**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

**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	

FEC Schedule F (Form 3X) Rev. 12/2015

**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)

*Citizen Against Excessive Regulation*

**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 H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

*Citizens Against Excessive Regulation*

### 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> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

PAGE	OF
FOR LINE 18a OF FORM 3X	

Citizens Against Excessive Regulation

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

**i) Total Administrative .....**

## II) Generic Voter Drive .....

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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### III) Exempt Activities.....

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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iv) Direct Fundraising (List Activity or Event Identifier)

a)

[illegible]

**b)**

A diagram of a rectangular frame structure. The top rail is supported by 10 vertical posts. The bottom rail is supported by 10 vertical posts. The middle three posts on the bottom rail are labeled 'M2', 'M3', and 'M2' from left to right.

c) Total Amount Transferred For Direct Fundraising .....

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

a) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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b) \_\_\_\_\_

[illegible]

c) Total Amount Transferred For Direct Candidate Support.....

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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vi) **Public Communications Referring Only to Party (Made by PAC)** .....**TOTAL This Period (Administrative).....**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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**TOTAL This Period (Generic Voter Drive) .....****TOTAL This Period (Exempt Activities)**.....[illegible]**TOTAL This Period (Direct Fundraising) .....**

Diagram illustrating a rectangular frame with a grid of points. The points are labeled with numbers 1 through 40, arranged in a specific pattern. The top edge has 10 points labeled 1-10, the bottom edge has 10 points labeled 40-31, the left edge has 10 points labeled 32-40, and the right edge has 10 points labeled 1-10. The interior points are labeled with numbers 11-30.

**TOTAL This Period (Direct Candidate Support) .....**

10

10

**TOTAL This Period (Public Communications Referring Only to Party).....**

**TOTAL This Period (Total Amount Transferred).....**



## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE 21a OF FORM 3X	

(In Full)  
Citizens Against Excessive Regulation

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

<b>B. Full Name (Last, First, Middle Initial)</b>		<input type="checkbox"/> Memo Item	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			<b>Allocated Activity or Event Year-To-Date</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City	State	Zip Code		
Purpose of Disbursement:		<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Category/ Type	Date	
Activity or Event Identifier:			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
			=	
			TOTAL AMOUNT	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

$$\text{FEDERAL SHARE} + \text{NONFEDERAL SHARE} = \text{TOTAL AMOUNT}$$

**FEDERAL SHARE                      NONFEDERAL SHARE                      TOTAL AMOUNT**

# SCHEDULE H5 (FEC Form 3X)

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

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

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

*Citizens Against Excessive Regulations*

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

-----

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

-----

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

-----

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

-----

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

-----

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

-----

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

-----

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

-----

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

-----

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

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).....

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2010-05-25 00:00:00

**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)

*Citizens Against Excessive Regulation*

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

☐

Purpose of Disbursement

Category/  
Type

Date

☐ / ☐ / ☐

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

☐

☐

☐

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

☐

Purpose of Disbursement

Category/  
Type

Date

☐ / ☐ / ☐

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

☐

☐

☐

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

☐

Purpose of Disbursement

Category/  
Type

Date

☐ / ☐ / ☐

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

☐

☐

☐

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

☐

☐

☐

**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**

FEDERAL SHARE

TOTAL AMOUNT

☐

LEVIN SHARE

☐

**TOTAL This Period for the Levin Share**

☐

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

NAME OF COMMITTEE (In Full)

*Citizens Against Excessive Regulation*

NAME OF ACCOUNT

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

**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

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NAME OF COMMITTEE (In Full)

*Citizens Against Excessive Regulation*

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

☐ Memo Item

Date of Receipt

MM / DD / YYYY

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

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

☐ Memo Item

Date of Receipt

MM / DD / YYYY

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

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

☐ Memo Item

Date of Receipt

MM / DD / YYYY

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

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

☐ Memo Item

Date of Receipt

MM / DD / YYYY

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

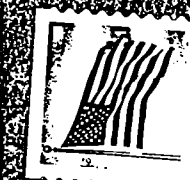
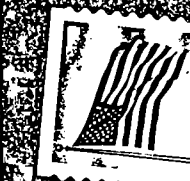
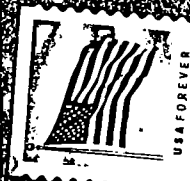
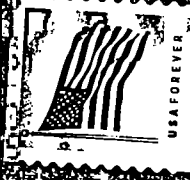
SUBTOTAL of Receipts This Page (optional).....▶

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period





Federal Election Commission  
999 E Street NW  
Washington, D.C.  
20063

706 112 115 705

Federal Election Commission  
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(3/2015)

5/25/16  
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