

**FEC
FORM 3X**

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

RECEIVED

2014 MAR -6 AM 9:12

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

Time for Hillary

ADDRESS (number and street)

6824 Montivideo Square Court



Check if different
than previously
reported. (ACC)

Falls Church

VA

22043-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00556621

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)

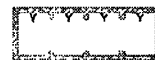


Convention (12C)



Special (12S)

Election on



in the
State of



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



General (30G)

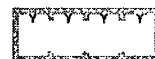


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

02

05

2014

through

02

13

2014

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

Eric Williams

Signature of Treasurer

Eric Williams

Date

02

13

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

Time for Hillary

Report Covering the Period:

From:

02 / 05 / 2014

To:

02 / 13 / 2014

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

(b) Cash on Hand at
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 31)

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)



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

Time for Hillary

Report Covering the Period:

From:

08 / 05 / 2014

To:

02 / 13 / 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).....
(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).....▶

Form with handwritten 'N/A' and 'A' in the middle section.

Form with handwritten 'A' in the middle section.

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

Handwritten 'N' and 'A' in the middle of the column.

Handwritten 'A' in the middle of the column.

14031192433

14051192434

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)

Time for Hillary

Full Name (Last, First, Middle Initial)

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	YY
----	----	----

Amount of Each Receipt this Period

Amount

B.

Full Name (Last, First, Middle Initial)

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	YY
----	----	----

Amount of Each Receipt this Period

Amount

C.

Full Name (Last, First, Middle Initial)

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	YY
----	----	----

Amount of Each Receipt this Period

Amount

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

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

Amount

Amount

14031192435

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)

Time for Hillary

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

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:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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).....

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

Amount of Each Disbursement this Period

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)

Time for Hillary

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

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes

☐ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

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

14031192437

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) <div style="font-size: 1.5em; font-family: cursive;">Time for Hillary</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C000556621</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</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>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; 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; 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; 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>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</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>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
Title			

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

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/> 9	<input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Time for Hillary

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) ▶	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Time for Hillary

FEC IDENTIFICATION NUMBER ▼

C00556621

Check if ☐ 24-hour report ☐ 48-hour report

☐ New report ☐ Amends report filed on

Full Name of Payee

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Date of Public Distribution/Dissemination

Amount

Date of Disbursement or Obligation

Name of Federal Candidate

☐ Support
☐ Oppose

Office Sought:

☐ House

District: _____

☐ President

☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ►

Full Name of Payee

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Date of Public Distribution/Dissemination

Amount

Date of Disbursement or Obligation

Name of Federal Candidate

☐ Support
☐ Oppose

Office Sought:

☐ House

District: _____

☐ President

☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ 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

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALE 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) <i>Time for Hillary</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City _____ State _____ ZIP Code _____

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

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

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

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

14031192441

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)

Time for Hillary

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)

N/A

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)

Time for Hillary

**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.

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

**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)

Time for Hillary

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

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

a)

b)

c) Total Amount Transferred For Direct Candidate Support

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)

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Time for Hillary

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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SCHEDULE 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)

Time Hillary

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

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

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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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)

Time for Hilary

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

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Purpose of Disbursement

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

TOTAL This Period for the Levin Share

LEVIN SHARE

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

NAME OF COMMITTEE (In Full)

Time for Hillary

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)		

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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)

Time for Hillary

A.			Date of Receipt		
Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period		
City State Zip Code			<input type="text"/>		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			<input type="text"/>		
B.			Date of Receipt		
Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period		
City State Zip Code			<input type="text"/>		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			<input type="text"/>		
C.			Date of Receipt		
Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period		
City State Zip Code			<input type="text"/>		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			<input type="text"/>		
D.			Date of Receipt		
Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount of Each Receipt this Period		
City State Zip Code			<input type="text"/>		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			<input type="text"/>		
SUBTOTAL of Receipts This Page (optional).....			<input type="text"/>		
TOTAL This Period (last page this line number only).....			<input type="text"/>		

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

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

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

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....			Amount of Each Disbursement this Period
TOTAL This Period (last page this line number only).....			Amount of Each Disbursement this Period

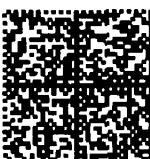
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Date of Receipt

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Date of Receipt

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Date of Receipt

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Date of Receipt or Postmarked


PREPARER
(8/2013)

3/6/14
DATE PREPARED

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