



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PASS THE TORCH

Report Covering the Period: From: <sup>M</sup>0<sup>M</sup>7' <sup>D</sup>24' <sup>Y</sup>20<sup>Y</sup>13 To: <sup>M</sup>12' <sup>D</sup>31' <sup>Y</sup>20<sup>Y</sup>13

14031202456

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> :00	, 00.00	, 00.00
(b) Cash on Hand at Beginning of Reporting Period.....	, 00.00	
(c) Total Receipts (from Line 19) .....	, 455.00	, 455.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 455.00	, 455.00
7. Total Disbursements (from Line 31).....	, 00.00	, 00.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	, 455.00	, 455.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	, 00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	, 00.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PASS THE TORCH

Report Covering the Period: From:

<sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
07 / 24 / 2013

To:

<sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
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).....

, 455.00 , 455.00

(ii) Unitemized.....

, , ,

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

, 455.00 , 455.00

(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).....▶

, 455.00 , 455.00

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)).....▶

, 455.00 , 455.00

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

, 455.00 , 455.00

14031202457

**DETAILED SUMMARY PAGE**

of Disbursements

14031202458

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)) .....	,	00.00	00.00
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)).....	,	00.00	00.00
29. Other Disbursements .....	,	,	,
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	,	00.00	00.00
(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))..	,	00.00	00.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31).....	,	00.00	00.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, 455.00	, 455.00
34. Total Contribution Refunds (from Line 28(d)) .....	, 00.00	, 00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 455.00	, 455.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, 00.00	, 00.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, 00.00	, 00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, 00.00	, 00.00

14031202459

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)

PASS THE TORCH

**A.** Full Name (Last, First, Middle Initial)  
WENDY CRADDOCK

Mailing Address  
511 Range View Ct

City  
Estes Park

State  
CO

Zip Code  
80517

Date of Receipt  
MM ' DD ' YYYY  
09 ' 14 ' 2013

FEC ID number of contributing federal political committee.  
C

Amount of Each Receipt this Period  
, , 25.00

Name of Employer  
Self Employed

Occupation  
Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
, , 25.00

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK NORTON

Mailing Address  
165 Baptist Rd.

City  
Canterbury

State  
NH

Zip Code  
03224

Date of Receipt  
MM ' DD ' YYYY  
09 ' 12 ' 2013

FEC ID number of contributing federal political committee.  
C

Amount of Each Receipt this Period  
, , 250.00

Name of Employer  
Collectible Firearms

Occupation  
Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
, , 250.00

**C.** Full Name (Last, First, Middle Initial)  
CHERYL STARK

Mailing Address  
5275 Oakridge Dr

City  
Beaverton

State  
MT

Zip Code  
48612

Date of Receipt  
MM ' DD ' YYYY  
09 ' 13 ' 2013

FEC ID number of contributing federal political committee.  
C

Amount of Each Receipt this Period  
, , 100.00

Name of Employer  
Retired

Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
, , 100.00

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

, , 375.00

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

, ,

14031202460

**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 2 OF 7					
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
**PASS THE TORCH**

A. Full Name (Last, First, Middle Initial) <b>MATT C LEMIEUX</b>		Date of Receipt MM' DD' YYYY <b>09' 14' 2013</b>
Mailing Address <b>24 Burrell St</b>		Amount of Each Receipt this Period  <b>, , 25.00</b>
City <b>Melrose</b>	State Zip Code <b>MA 02176</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼  <b>, , 25.00</b>
Name of Employer <b>SBB, Inc.</b>	Occupation <b>Engineer</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <b>DORRINE M. ROBERTS</b>		Date of Receipt MM' DD' YYYY <b>09' 19' 2013</b>
Mailing Address <b>37603 Phoenwood Drive</b>		Amount of Each Receipt this Period  <b>, , 50.00</b>
City <b>Northville</b>	State Zip Code <b>MI 48167</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼  <b>, , 50.00</b>
Name of Employer <b>The Mare Connection</b>	Occupation <b>Bookkeeper</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <b>JENNIFER PLAIN</b>		Date of Receipt MM' DD' YYYY <b>08' 25' 2013</b>
Mailing Address <b>3894 Clague Rd.</b>		Amount of Each Receipt this Period  <b>, , 05.00</b>
City <b>North Olmsted</b>	State Zip Code <b>OH 44070</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼  <b>, , 05.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>, , 80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>, , 455.00</b>

14031202461

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) _____ 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) ▼		Date of Disbursement M M / D D / Y Y Y Y _____ Amount of Each Disbursement this Period , , .
<b>B.</b> Full Name (Last, First, Middle Initial) _____ 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) ▼		Date of Disbursement M M / D D / Y Y Y Y _____ Amount of Each Disbursement this Period , , .
<b>C.</b> Full Name (Last, First, Middle Initial) _____ 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) ▼		Date of Disbursement M M / D D / Y Y Y Y _____ Amount of Each Disbursement this Period , , .

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , 00.00  
**TOTAL** This Period (last page this line number only)..... ▶ , , 00.00

14031202462

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, .	, .	, .

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
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: , , .

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	, , 00.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	, , 00.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14031202463

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

Federal Election Commission, Washington, D.C. 20463

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

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <b>C</b>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan ____, ____ . ____	Interest Rate (APR) ____ %	
Mailing Address	Date Incurred or Established ____ M M / ____ D D / ____ Y Y Y Y	Date Due ____ M M / ____ D D / ____ Y Y Y Y	
City	State	Zip Code	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred ____ M M / ____ D D / ____ Y Y Y Y	
B. If line of credit, Amount of this Draw: ____ , ____ . ____		Total Outstanding Balance: ____ , ____ . ____	
C. Are other parties secondarily liable for the debt incurred? <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? ____ , ____ . ____  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future continuations 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? ____ , ____ . ____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: ____ M M / ____ D D / ____ Y Y Y Y		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 ____ M M / ____ D D / ____ Y Y Y Y	
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 ____ M M / ____ D D / ____ Y Y Y Y	
Title			

14031202464

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

14031202465

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
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)..... ▶	, , 00.00
2) TOTALS This Period (last page this line number only)..... ▶	, , 00.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ▶	, , 00000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	, , 0000

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

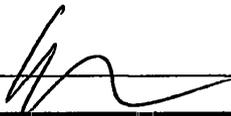
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER <b>C</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	00-00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	00-00
(c) TOTAL Independent Expenditures.....▶	00-00

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 / 27 / 2014

14031202466



**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

*N/A*

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

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

14031202468

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

14031202469

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 %  .      %	NONFEDERAL %  .      %
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 %  .      %	NONFEDERAL %  .      %
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 %  .      %	NONFEDERAL %  .      %
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 %  .      %	NONFEDERAL %  .      %
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 %  .      %	NONFEDERAL %  .      %
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 %  .      %	NONFEDERAL %  .      %

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

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....		, , .
<b>ii) Generic Voter Drive</b> .....		, , .
<b>iii) Exempt Activities</b> .....		, , .
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Fundraising .....		, , .
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Candidate Support .....		, , .
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....		, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL This Period (Administrative)</b> .....		, , .
<b>TOTAL This Period (Generic Voter Drive)</b> .....		, , .
<b>TOTAL This Period (Exempt Activities)</b> .....		, , .
<b>TOTAL This Period (Direct Fundraising)</b> .....		, , .
<b>TOTAL This Period (Direct Candidate Support)</b> .....		, , .
<b>TOTAL This Period (Public Communications Referring Only to Party)</b> .....		, , .
<b>TOTAL This Period (Total Amount Transferred)</b> .....		, , . <i>00.00</i>

14031202470

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

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<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	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____ _____ _____
Activity or Event Identifier:			Date
			_____ M M / D D / Y Y Y Y
FEDERAL SHARE		+	NONFEDERAL SHARE
		=	TOTAL AMOUNT
			_____ _____

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<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	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____ _____ _____
Activity or Event Identifier:			Date
			_____ M M / D D / Y Y Y Y
FEDERAL SHARE		+	NONFEDERAL SHARE
		=	TOTAL AMOUNT
			_____ _____

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<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	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____ _____ _____
Activity or Event Identifier:			Date
			_____ M M / D D / Y Y Y Y
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
_____		_____		_____

14031202471

**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	

14031202472

NAME OF COMMITTEE (In Full)
-----------------------------

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED \$        \$        "
-----------------	--	---

<b>BREAKDOWN OF THIS TRANSFER</b>		
<b>I) Voter Registration</b>	<b>VOTER REGISTRATION</b>	
Total Amount Transferred for Voter Registration.....	\$        \$        "	
<b>II) Voter ID</b>	<b>VOTER ID</b>	
Total Amount Transferred for Voter ID.....	\$        \$        "	
<b>III) GOTV</b>	<b>GOTV</b>	
Total Amount Transferred for GOTV .....	\$        \$        "	
<b>IV) Generic Campaign Activity</b>	<b>GENERIC CAMPAIGN ACTIVITY</b>	
Total Amount Transferred for Generic Campaign Activity .....	\$        \$        "	

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED \$        \$        "
-----------------	--	---

<b>BREAKDOWN OF THIS TRANSFER</b>		
<b>I) Voter Registration</b>	<b>VOTER REGISTRATION</b>	
Total Amount Transferred for Voter Registration.....	\$        \$        "	
<b>II) Voter ID</b>	<b>VOTER ID</b>	
Total Amount Transferred for Voter ID .....	\$        \$        "	
<b>III) GOTV</b>	<b>GOTV</b>	
Total Amount Transferred for GOTV .....	\$        \$        "	
<b>IV) Generic Campaign Activity</b>	<b>GENERIC CAMPAIGN ACTIVITY</b>	
Total Amount Transferred for Generic Campaign Activity .....	\$        \$        "	

<b>TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)</b>		
<b>TOTAL This Period (Voter Registration).....</b>	\$        \$        "	
<b>TOTAL This Period (Voter ID) .....</b>	\$        \$        "	
<b>TOTAL This Period (GOTV).....</b>	\$        \$        "	
<b>TOTAL This Period (Generic Campaign Activity).....</b>	\$        \$        "	
<b>TOTAL This Period (Total Amount of Transfers Received).....</b>	\$        \$        "	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)

NAME OF COMMITTEE (In Full)

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	
Purpose of Disbursement		Category/ Type	Date
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	
Purpose of Disbursement		Category/ Type	Date
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	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE			TOTAL AMOUNT
		LEVIN SHARE	
<b>TOTAL</b> This Period for the Levin Share			

14031202473

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

NAME OF COMMITTEE (In Full)
NAME OF ACCOUNT

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

14031202474

**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)	<input type="checkbox"/> 1a

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)

<b>A.</b>	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  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>B.</b>	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  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>C.</b>	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  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>D.</b>	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  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	

SUBTOTAL of Receipts This Page (optional).....▶	, ,	00.00
TOTAL This Period (last page this line number only).....▶	, ,	00.00

14031202475

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

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

FOR LINE NUMBER: PAGE OF  
(check only one)  4a  4c  5  
 4b  4d

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)

14031202476

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	_____, _____, <b>00.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	_____, _____, <b>00.00</b>

From: (603) 494-3980  
Sarah Ponn

28 Daniel Plummer Rd.

GOFFSTOWN, NH 03045  
US



J14101402070126

Ship Date: 27MAR14  
ActWgt: 1.0 LB  
CAD: 103605766/INET3490

Dims: 13 X 10 X 1 IN

SHIP TO: (209) 819-7873

BILL SENDER

Federal Election Commission

999 E St. NW

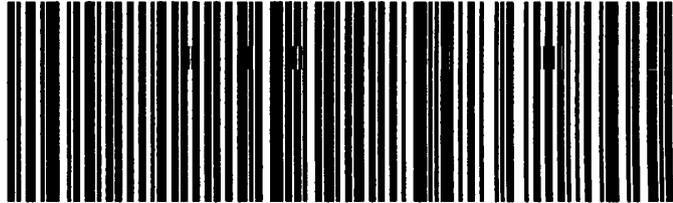
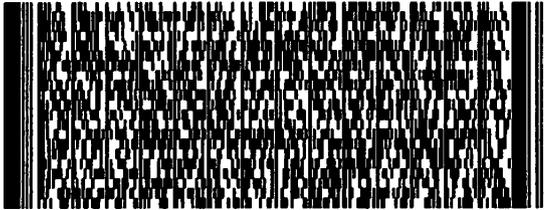
WASHINGTON, DC 20463  
US

Ref #  
Invoice #  
PO #  
Dept #  
Ship ID

TRK# 7983 6170 0203

20463

9622 0019 0 (000 549 1441) 3 00 7983 6170 0203



522G1/CC4FF220

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: IMPORTANT: TRANSMIT YOUR SHIPPING DATA AND PRINT A MANIFEST:

At the end of each shipping day, you should perform the FedEx Ground End of Day Close procedure to transmit your shipping data to FedEx. To do so, click on the Ground End of Day Close Button. If required, print the pickup manifest that appears. A printed manifest is required to be tendered along with your packages if they are being picked up by FedEx Ground. If you are dropping your packages off at a FedEx drop off location, the manifest is not required.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide and applicable tariff, available upon request. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations, including limitations on our liability, can be found in the current FedEx Service Guide and applicable tariff apply. In no event shall FedEx Ground be liable for any special, incidental, or consequential damages, including, without limitation, loss of profit, loss to the intrinsic value of the package, loss of sale, interest income or attorney's fees. Recovery cannot exceed actual documented loss. Items of extraordinary value are subject to separate limitations of liability set forth in the Service Guide and tariff. Written claims must be filed within strict time limits, see current FedEx Service Guide.

14031202477

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex Ground* Shipping Date  
3/27/14  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 4/2/14  
 PREPARER DATE PREPARED  
 (8/2013)

14031202478