# 1503-137-1467

FE7AN014

FEC FORM 3X

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

RECEIVED

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c <i>005.9</i>	0.40.1	3. IS THIS REPOR	IV I	IEW N) <b>OR</b>	AME (A)	NDED	
4. TYPE OF REP	ORT (b) Mont	, , , , , , , , , , , , , , , , , , , ,	12) <b>1</b>	May 20 (M5)	Aug 20	O (8M)	Nov 20 (M11) (Non-Election
(a) Quarterly Rep	Due orts:	On: Mar 20 (M	13) 🔲 J	lun 20 (M6)	Sep 2	O (M9)	Year Only) Dec 20 (M12) (Non-Election
April 15		Apr 20 (M	4)	Jul 20 (M7)	Oct 20	0 (M10)	Year Only) Jan 31 (YE)
		12-Day PRE-Election	Primary (12P	) 🔲	General (1	2G)	Runoff (12R)
	Report (Q2)	Report for the:	Convention (	12C)	Special (12	2S)	
Quarterly  January	Report (Q3)	<b>-</b>	M = M /	ا لمعوا	******	in the	. —
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Report (I Year Onl	y) (MY)	POST-Election Report for the:	General (300	i) 🔲	Runoff (30	R) 🔲	Special (30S)
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	alse, erroneous, or inco	omplete information may	subject the per	son signing thi	s Report to the	penalties of 52	U.S.C. § 30109
Office Use Only						FEC FOR Rev. 12/2	

# 1503-137-1468

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (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) .......... 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

FE6AN026

# 150% 137 1469

# **DETAILED SUMMARY PAGE** of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

W	rite or Type Committee Name  SUPER CO PAC					
R	eport Covering the Period: From:	0'07'	2014	то:	1 24	2014
	I. Receipts	То	COLUMN A tal This Period		COLUMN Calendar Year-	
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	(2) (2)	, O,OO , O,OO			0-00 0-00 0-00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other Party Committees	0	, 0.00 , 0.00		0 0	0.00
15.	Loan Repayments Received	<i>c</i> )	, 0.00			0,00
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fundamental Account (from Schedule H3)	ds 2	. 0.00 . 0.00		<i>a</i>	0.00
	(b) Levin Funds (from Schedule H5)	2	, 0,00 , 0,00		2) 2)	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶  Total Federal Receipts		, OOC			0-0.0
	(subtract Line 18(c) from Line 19)▶	1	$\Lambda \Lambda \Lambda$	วเ โ		11 3 4

# **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 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 Contributions to Federal Candidates/Committees and Other Political Committees... 24. Independent Expenditures 26. Loan Repayments Made..... 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 (52 U.S.C. § 30101(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).....

38. Net Operating Expenditures

(subtract Line 37 from Line 36) ......

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures (from Line 15, page 3).....

## SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 12 11c Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) $\blacktriangledown$ Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee.

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

General

Occupation

Aggregate Year-to-Date ▼

Name of Employer

Receipt For:

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)  11a 11b 11c 12 13 14 15 16 17
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	I lico congreto cobadulo(s)	DR LINE NUMBER: PAGE / OF / heck only one)  21b
or for commercial purposes, other than using the	atements may not be sold or used by	27 28a 28b 28c 29 30 any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
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SCHEDULE B (FEC Form 3X)	Hee compared and 1997	FOR LINE N		PAGE / OF /
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N (check only		PAGE / OF /
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Candidate Name		Category/ Type		B B B
Senate President	ement For: Primary General Other (specify)		(2) <u>.</u>	01-1-21-21-21-21-21-21-21-21-21-21-21-21-
State: District:				
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		committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
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Full Name (Last, First, Middle Initial)		<u> </u>
<b>4.</b>		Date of Disbursement
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Mailing Address		<b>                                   </b>
City	State Zip Code	
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Purpose of Disbursement	Γ	Amount of Each Disbursement this Period
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Office Sought: House Disburser		
Senate President	Primary ☐ General Other (specify) ▼	·
State: District:	omor (apecity) ▼	
Full Name (Last, First, Middle Initial)		
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City	State Zip Code	
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Office County		Type 100 th mail allowed allowed and the control of
Office Sought: House Disburser  Senate	ment For: Primary General	<b>\</b>
President	Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		D-1- / D1
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Candidate Name	<b>"</b>	Category/
Office Sought: House Disburse	ment For:	Type
Senate	Primary General	
President State:	Other (specify) ▼	
State: District:		· _
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TOTAL This Period (last page this line number only	)	, JJJ

HEDULE C (FEC F	form 3X)			
ANS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Ful	1)		<del></del>	<u> </u>
Super C	PAC			
LOAN SOURCE Full Name	(Last, First, Mic	ddle Initial)	<del></del>	Election:
				Primary
Mailing Address				General Other (specify) ▼
Walling Address				Cirici (specify)
City		State ZIP (	Code	
Original Amount of Loan		Cumulative Payment	To Date Baland	ce Outstanding at Close of This Period
				<del></del>
TERMS Date Incurred	t	Date Du	ue Interest Rate	Secured:
W W / O O / Y	****	Maw / Lag / Lwaw	V-1-4-1	% (apr) Yes No
ا ليبا ليبا	السيد	ا لبسا ل		% (apr) Yes No
List All Endorsers or Guar		o Loan Source	<del></del>	
1. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
_				
City	State	ZIP Code	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mallian Address				
Mailing Address			Occupation	
			Amount	<del></del>
City	State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, M	liddle Initial)		Name of Employer	
o. Tun Hamo (East, Thot, W	madio initialy		Traine or Employer	
Mailing Address	<del></del>		Occupation	
City	State	ZIP Code	Amount Guaranteed	<del></del>
			Outstanding:	( <del>}</del>
4. Full Name (Last, First, M	fiddle Initial)		Name of Employer	
Mailing Address			Occupation	
Ū				
Ciac	Otes	710-002-	Amount	
City	State	ZIP Code	Guaranteed Outstanding:	0 4 4 0 4 4 6
UBTOTALS This Period This	Page (optional)		<b>&gt;</b>	0.0.0
		ly)		

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

Supplementary for Information found on Page 2 of Schedule C

Federal Election Commission, Washington, D.C. 20463		1 age	or ochedule o
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATI	ON NUMBER
SUPER G PAC		C 00540	2401
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rat	te (APR)
Full Name		<del></del>	
		حبا البد	%
Mailing Address			**************************************
	Date Incurred or Established	ᅟᆜᆜᆜᆜ	
City State Zip Code	Date Due	M M / B B /	
A. Has loan been restructured? No Yes	If yes, date originally incurred	M M / O D /	Y • Y • Y • Y
B. If line of credit,	Total		
Amount of this Draw:	Outstanding Balance:		
C. Are other parties secondarily liable for the debt inc	curred?		
	must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or of the property of the p	of deposit, chattel papers,	What is the value of this co	illaterai?
No Yes If yes, specify:			
		Does the lender have a per	fected security
E An any future contributions or future receipts of in	toract income pladand as	interest in it? No	Yes
E. Are any future contributions or future receipts of in collateral for the loan? No Yes If ye	s, specify:	What is the estimated value	•?
		(1)	
A depository account must be established pursuar to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
M M / D B / V V V V V V	City, State, Zip:	-	
F. If neither of the types of collateral described above		amount pladeed does not as	
the loan amount, state the basis upon which this le	oan was made and the basis on wh	ich it assures repayment.	quai or exceed
G. COMMITTEE TREASURER	<del></del>	DATE	
Typed Name		-	Y - Y - Y
Signature		السالسال	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION			
<ol> <li>To the best of this institution's knowledge, the are accurate as stated above.</li> </ol>	e terms of the loan and other inform	ation regarding the extension	on of the loan
II. The loan was made on terms and conditions	(including interest rate) no more fa	vorable at the time than thos	se imposed for
similar extensions of credit to other borrower  III. This institution is aware of the requirement to	hat a loan must be made on a basis	which assures repayment,	and has
complied with the requirements set forth at 1	11 CFR 100.82 and 100.142 in maki	ng this loan.	· <del>=</del>
Typed Name William With		DATE	
Signature	Title	12/30/	20 14
12000	Treasurer	ا لخلیدا التالی ا	

HEDULE D (FEC For	rm 3X)	(Use separate	PAGE / OF /	
EBTS AND OBLIGATIONS coluding Loans  is solution for number of the numbe			FOR LINE NUMBER: (check only one)	
ME OF COMMITTEE (In Full)  Super G PA	 НС			
A. Full Name (Last, First, Middle	Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning  Amount Incurred This P		Outstand	ing Balance at Close of This Perio	
		اليواسية الوطوراني		
B. Full Name (Last, First, Middle	Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):	
Mailing Address	· '	Nature of I	Debt (Purpose):	
	Zip Code		Debt (Purpose):  ing Balance at Close of This Perio	

ļ		
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period		
7)		
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	4
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (optional)		·
2) TOTALS This Period (last page this line number of	only)	• 0.00
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	·
a) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	· 0.00
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CHEDULE D (FEC F	orm 3X)	(Use	separate	PAGE OF
EBTS AND OBLIGATIONS			edule(s) each	FOR LINE NUMBER: (check only one) 9
xcluding Loans			ered line)	(Check Only One)
IAME OF COMMITTEE (In Full)				
Super- Co to	AC			
A. Full Name (Last, First, Mid-	dle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
Mailing Address	<del></del>			
City State	Zip Code			
Outstanding Balance Beginn	ing This Period		<del></del>	
<del>                                    </del>	<del></del>			
Amount Incurred This	S Period Payment	t This Period	Outstandi	ng Balance at Close of This Peri
<u></u>			<u> </u>	(1) 1 -1 -(1) -2 -2 -(1) -2
B. Full Name (Last, First, Midd	le Initial) of Debtor or Creditor		Nature of D	Debt (Purpose):
Mailing Address		-		
City State	Zip Code			
Outstanding Balance Beginn	ing This Period			
Amount Incurred Thi		nt This Period	Outstand	ing Balance at Close of This Per
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C. Full Name (Last, First, Mic	ddle Initial) of Debtor or Creditor		Nature of I	Debt (Purpose):
Mailing Address				
City	State Z	Zip Code		
Outstanding Balance Beginn				, , , , , , , , , , , , , , , , , , ,
Amount Incurred Thi		nt This Period	Outstand	ling Balance at Close of This Per
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2) TOTALS This Period (last pa	ge this line number only)	<b>&gt;</b>	<u> </u>	
3) TOTAL OUTSTANDING LOA	NS from Schedule C (last page only).	<b>&gt;</b>		<u> </u>
4) ADD 2) and 3) and carry for	ward to appropriate line of Summary P	'age (last page only) ▶		700

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE OF N FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
SUPER G PAC	000540401
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip	Code
Purpose of Expenditure Ca	Date of Disbursement or Obligation  ategory/ Type  Date of Disbursement or Obligation
Name of Federal Candidate	Support Office Sought: House District:  Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip	Code  Date of Dishumement or Obligation
Purpose of Expenditure Ca	Date of Disbursement or Obligation  ategory/ Type  Date of Disbursement or Obligation
Name of Federal Candidate	Support Office Sought: House District:  Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	0.0.0
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent:	
Signature 25 N	Date 12 30 2014
Signature	

# SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES √ NO If YES, name the designating 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 Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: **Presidential** Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

# 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)

SUPER 6 PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Tixed Ferentiage (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
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or
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
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

# SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS	PAGE ( OF /
NAME OF COMMITTEE (In Full)	
Suger Co PAC	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	
Methods of allocation:	
<ol> <li>FUNDRAISING activities are allocated using the "funds received method" where the federal expenses must equal the federal proportion of monies raised.</li> </ol>	eral proportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit ex where the federal proportion of disbursements is based on the benefit derived by federal tivity. For PACs Only: Direct candidate support includes public communications or voter federal and nonfederal candidates, regardless of whether there is a reference to a politi are allocated using a time/space method.	I candidates from the activities that refer to both
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising  Direct Candidate Support	<b>┧</b> ┈│ <del>┌╶</del> ┰╌┰┰╗┈│
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	<b></b> %
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	J   L
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	<b>]</b> %   <b></b> %
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	
Fundraising Direct Candidate Support	<b></b> %
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	7
Fundraising Direct Candidate Support	<b>% </b> %
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	
Fundraising Direct Candidate Support	%%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	NON LUENAL /6
Fundraising Direct Candidate Support	%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	

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

ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,
Super G PAC	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<del> </del>
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	
cy total Allount Transletted for Birect Canadate Capport	
vi) Public Communications Referring Only to Party (Made by PAC)	0
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	)
<del></del>	
TOTAL This Period (Administrative)	000
TOTAL This Desired (Conside Vistor Drive)	000
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	C_0.0
ـــا	0.00
TOTAL This Period (Direct Candidate Support)	, U,U,U
TOTAL This Period (Public Communications Referring Only to Party)	0_0_0
TOTAL THIS FERIOU (Fubilic Communications resembly Only to Party)	
TOTAL This Period (Total Amount Transferred)	C.00
·	

# SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	(	0	F	(	
FOR	LINE	21a	OF	FORM	зх

Allocated Activity or Event:    Administrative   Fundraising   Exem	N/	ME OF COMMITTEE (In Full) SUPER COPA	1 <i>C</i>			
Mailing Address  City  State  Zip Code  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  FEDERAL SHARE  NONFEDERAL SHARE  Administrative  Fundraising  Administrative  Fundraising  Event  Activity or Event Identifier:  Category/ Type  Administrative  Fundraising  Event  Activity or Event Identifier:  Category/ Type  Administrative  Fundraising  Event  Activity or Event Identifier:  Category/ Type  Administrative  Activity or Event Identifier:  Category/ Type  Administrative  Activity or Event Identifier:  Category/ Type  Administrative  Fundraising  Event  Activity or Event Identifier:  Category/ Type  Administrative  Fundraising  Event  Administrative  Administrative  Fundraising  Event  Administrative  Administrative  Fundraising  Event  Administrative  Administrative  Fundraising  Event  Administrative  Fundraising  Event  Administrative  Administrative  Fundraising  Event  Administrative  A	Ā.					
Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE		Mailing Address				
Activity or Event Identifier:    Category/Type		City	State	Zip Code		Public Comm (ref to party only) by PAC
Category/ Type   Date   TOTAL AMOUNT		Purpose of Disbursement:	· · ·		<b></b>	Allocated Activity or Event Year-To-Date
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 Exent  Purpose of Disbursement:  Category/ Type  Allocated Activity or Event Year-To-Date  FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  Allocated Activity or Event:  Administrative Fundraising Exent  Administrative Fundraising Exent  Voter Drive Direct Candidate Supp  Output  Administrative Fundraising Exent  Administrative Fundraising Exent  Voter Drive Direct Candidate Supp  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Date  Allocated Activity or Event  Allocated Activity or Event  Allocated Activity or Event  Allocated Activity or Event  Administrative Fundraising Exent  Administrative Fundraising Packet  Administrative Fundraising Pa		Activity or Event Identifier:				Date Date
Administrative Fundraising Exem  Mailing Address  City State Zip Code Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type Date TOTAL AMOUNT  FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  Allocated Activity or Event:  Administrative Fundraising Exem  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  City State Zip Code Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Activity or Event Identifier:  Category/ Type Date Total Amount  Allocated Activity or Event:  Activity or Event Identifier:  Category/ Type Date Total Amount  Category/ Type Date Total Amount		FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
Administrative Fundraising Exem  Mailing Address  City State Zip Code Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type Date TOTAL AMOUNT  FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  Allocated Activity or Event:  Administrative Fundraising Exem  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  City State Zip Code Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Activity or Event Identifier:  Category/ Type Date Total Amount  Allocated Activity or Event:  Activity or Event Identifier:  Category/ Type Date Total Amount  Category/ Type Date Total Amount		4.70			<u> </u>	
Mailing Address  City  State  Zip Code  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Allocated Activity or Event:  Administrative  Fundraising  Exent  Activity or Event Identifier:  Category/ Type  Allocated Activity or Event:  Administrative  Fundraising  Exent  City  State  Zip Code  Allocated Activity or Event:  Administrative  Direct Candidate Supp  City  State  City  State  Category/ Type  Date  Allocated Activity or Event:  Administrative  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Category/ Type  Date  Category/ Type  Date  Activity or Event Identifier:  Category/ Type  Date	В.	Full Name (Last, First, Middle Initial)			<del></del>	
City State Zip Code  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Category/ Type  Category/ Mailing Address  City  State  City  State  Category/ Type  Allocated Activity or Event:  Administrative Fundraising Exent  Voter Drive Direct Candidate Supp  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Allocated Activity or Event:  Administrative Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event:  Administrative Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date		Mailing Address				
Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Date  FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  Administrative Fundraising Exen  Voter Drive Direct Candidate Supp  City State Zip Code  Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Date  Allocated Activity or Event  Allocated Activity or Event  Allocated Activity or Event  Category/ Type  Date  Category/ Type  Date		City	State	Zip Code		1= -
Category/ Type  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  Date  M M M / D D / YYYYY Type  Date  M M M / D D D / YYYYY Type  Date  M M M / D D D / YYYYY Type  Date  M M M / D D D / YYYYY Type  Date		Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
Category/ Type  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  Date  M M M / D D / YYYYY Type  Date  M M M / D D D / YYYYY Type  Date  M M M / D D D / YYYYY Type  Date  M M M / D D D / YYYYY Type  Date		Activity or Event Identifier:				
C. Full Name (Last, First, Middle Initial)    Mailing Address		Activity of Event Identifier.				Date Date
Mailing Address  Administrative Fundraising Exen  Voter Drive Direct Candidate Supp  City State Zip Code  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Activity or Event Identifier:  Category/ Type Date		FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
Mailing Address  Administrative Fundraising Exen  Voter Drive Direct Candidate Supp  City State Zip Code  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Activity or Event Identifier:  Category/ Type  Date		0 0	نسا ا	-0-1-0-		
Mailing Address  City  State  Zip Code  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Category/ Type  Date  Direct Candidate Supp  Candidate Supp  Date  Direct Candidate Supp  Candidate Supp  Date  Direct Candidate Supp  Date  Direct Candidate Supp  Candidate Supp  Date  Direct Candidate Supp  Date  Direct Candidate Supp  Date	c.	Full Name (Last, First, Middle Initial)				
Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Date  Allocated Activity or Event Year-To-Date		Mailing Address				
Purpose of Disbursement:  Activity or Event Identifier:  Category/ Type  Date		City	State	Zip Code		
Category/ Type Date		Purpose of Disbursement:		<del> </del>		Allocated Activity or Event Year-To-Date
		Activity or Event Identifier:		_		
TESTINE STATE TO THE AMOUNT		FEDERAL SHARE		NONEEDERAL		
				TO I I O	OTANE	
SUBTOTAL of Allocated Federal and NonFederal Activity This Page		UBTOTAL of Allocated Federal and NonFeder	al Activity Th	is Page		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			-	•	SHARE	= TOTAL AMOUNT
0.00 0.00		0.00			0.00	2
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	T		/)(Federal sh			
QCO $QCO$ $QCO$		0,00			0.00	0 0,0.0

### 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 FORN			
١	NAME OF COMMITTEE (In Full)			
	SUPER GPAC			
		TOTAL AMOUNT TRANSFERRED		
	M M M / B B / [ Y B Y B Y B Y B Y B Y B Y B Y B Y B Y			
		2 2		
	BREAKDOWN OF THIS TRANSFER  VOTER REGISTRATION			
	i) Voter Registration  Total Amount Transferred for Voter Registration	<del></del> 1		
	VOTER II			
	ii) Voter ID	<del></del>		
	Total Amount Transferred for Voter ID			
	iii) GOTV	GOTV		
	Total Amount Transferred for GOTV			
	iv) Generic Campaign Activity	ENERIC CAMPAIGN ACTIVITY		
	Total Amount Transferred for Generic Campaign Activity			
	NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
	DDEAKDOWN OF THE TRANSFER			
	BREAKDOWN OF THIS TRANSFER  VOTER REGISTRATION			
	i) Voter Registration  Total Amount Transferred for Voter Registration			
	VOTER I	D		
	ii) Voter ID			
	Total Amount Transferred for Voter ID			
	iii) GOTV	GOTV		
	Total Amount Transferred for GOTV			
	iv) Generic Campaign Activity	ENERIC CAMPAIGN ACTIVITY		
	Total Amount Transferred for Generic Campaign Activity	<b>3</b>		
Г				
	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Pa	ge Only)		
	TOTAL This Desired (Veter Desirentian)	40°		
	TOTAL This Period (Voter Registration)	0.0.0		
١	TOTAL This Period (Voter ID)	000		
l				
l	TOTAL This Period (GOTV)	000		
١				
١	TOTAL This Period (Generic Campaign Activity)	0.00		
	TOTAL This Period (Total Amount of Transfers Received)	0.00		
١				

# 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	1	
FOR LIN	E 30a	OF	FORM	3X

NAME OF COMMITTEE (In Full)	
Super G PAC	
	Type of Allocated Activity or Event:
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter Registration GOTV
	Voter ID Generic Campaign
	The same as where a
Mailing Address	Allocated Activity or Event Year-To-Date
Walling Address	
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:
B. Tan Hamo (East, First, Missile Hintary / Fall Organization Hame	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/	Date Date
Туре	
SEDERAL CHARE	
FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
TEDERAL SHARE T LEVIN SHARE	TOTAL AMOUNT
	Type of Allocated Activity or Event:
C. Full Name (Last, First, Middle Initial) / Full Organization Name	
	Type of Allocated Activity or Event:  Voter Registration GOTV
	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign
	Type of Allocated Activity or Event:  Voter Registration GOTV
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter 1D Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE  OCCUPATION OF SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE  OCCUPATION OF TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE  OCCUPATION OF TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT

## SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAME OF COMMITTEE (In Full)  SUPER G PAC				
NAME OF ACCOUNT				
<u> </u>		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE	
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	" " <u>0</u> 00	» » C,00	
	(b) Unitemized	" " <u>0,00</u>	0.00	
	(c) Total	0.00	0.00	
2.	OTHER RECEIPTS	5 0-00	, O.QC	
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	, , 0,0,0	, , , , , , , , , , , , , , , , , , , ,	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
	(a) Voter Registration	, , OQQ	, , , D.O.O	
	(b) Voter ID	, , , , , , , , , , , , , , , , , , ,	, O.O.O	
	(c) GOTV	, , , , , , , , , , , , , , , , , , ,		
	(d) Generic Campaign	0, 0,00	, O.O.O	
	(e) Total		0,00	
5.	OTHER DISBURSEMENTS	, , , , , , , , , , , , , , , , , , ,	0.00	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	<u> </u>	2.00	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		0,00	
8.	RECEIPTS(from Line 3)	, , 0.00	0.00	
9.	SUBTOTAL(Add Lines 7 and 8)	0.00		
10.	DISBURSEMENTS(From Line 6)	0-00		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0,00	

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

PAGE OF Use separate schedule(s) FOR LINE NUMBER: for each category of the 2 (check only one) Aggregation Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Α. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

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

# SCHEDULE L-A (FEC Form 3X)

ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and additional commercial purposes.		
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Name of Employer or Principal Place of Business	* -	Aggregate Year-to-Date
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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

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# SCHEDULE L-B (FEC Form 3X)

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# SCHEDULE L-B (FEC Form 3X)

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# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)

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