11030660470

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2011 SEP -1 PM 1: 20 Office Use Only

1. NAME OF COMMITTEE (in full) A: PGB		ov	ample: If typer the lines.	ing, type	12FE4M5	MAL CENT	
ADDRESS (number Check if d than previ reported. (ifferent K	EAVH				MACI E	76.7.3.9-L	
	L85130		3. IS THIS REPORT	5 V 1	NEW (N) OR		ENDED	
4. TYPE OF RI (Choose One)		(b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3	l myr : v	May 20 (M5) Jun 20 (M6)		(eM) (eM) O	lov 20 (M11) ton-Election ear Only) Dec 20 (M12) ton-Election ear Only)
July 1 Quart	erly Report (Q1) 5 erly Report (Q2)	!	Apr 20 (M4 y Election It for the:	Primary (12	7 m	<u> </u>	12G) R	an 31 (YE) unoff (12R)
Janua Year-I July 3	erly Report (Q3) ry 31 End Report (YE) 11 Mid-Year	(d) 30-Da	Election on	M A	1	हुं तो हु निव्युक्तम् स्थान हिंद तो सम्बद्ध	in the State of	TECH TRAFF
Year (t (Non-election Only) (MY) nation Report	POST	-Election :: t for the: Election on	General (30	P	Runoff (30	in the State of	pecial (30S)
5. Covering Perio		ann an	V. Vermon Sambia	through	06		2011	
I certify that I have Type or Print Name Signature of Treasu NOTE: Submission of	e of Treasurer	DARL	Jeden Jeden	o Ker anti	CRONT.	NP ate 08	180 3	
Office Use Only	. iaioe, griqueous	, or morninge	, anomication may s	anjoor are pe	. July agring th	S report to the	FEC FORM Rev. 12/200	3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

	COLUMN A This Period	
(a) Cash on Hand	Sparsy .	/66.00
(b) Cash on Hand at Beginning of Reporting Period	d	22.65
(c) Total Receipts (from Line 19)	and and a manage many many and a manage of a state of the	7500 , 20900
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).	grander and the second of the	·
Total Disbursements (from Line 3	property of the first of the	60.70 43805
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	e de la companya della companya dell	2695
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		:
D. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	general e supre de la come de la	
This committee has qualified a	as a multicandidate committee. (see FEC	FORM 1M)
	For further information	

Local 202-694-1100

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DETAILED SUMMARY PAGE

of Receipts

 $(\mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n}, \mathbb{E}_{\mathbb{R}^n})$

FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name	On a	
KONA IEM PARTY	We will also will be a second of the second	774 1 W 7 7 70 0 0 1 7 1 7 1 9 1 9 1 9
Report Covering the Period: From:	V 01 2011 T	06 30 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	THE STATE OF THE SECURITY OF T	 A property of the property of the
(i) Itemized (use Schedule A)	For the first th	தி ஆட்டிய பெய்ய இடித்தில் இடித்தில் இதிரும் இருக்கு இதிரும் இருகிறும் நடித்தில் அருக்கு இருக்குறை முதல் மான்ற நடித்தில் கொண்க நடித்தில்
(ii) Unitemized	17.500 m	70900
(iii) TOTAL (add	Harman de compresa de la compresa del compresa de la compresa del compresa de la compresa del la compresa de la compresa del la compresa de l	70900
Lines 11(a)(i) and (ii)	17500	,709.00
(b) Political Party Committees	<u> </u>	్ స్టాబ్ కొట్టారు. స్ట్రాంక్ ప్రాపెట్ట్ కార్యాల్లో ప్రాపెట్టుక్కారు. స్ట్రాంక్ స్ట్రాంక్ స్ట్రాంక్ స్ట్రాంక్ స బ్లాంక్ స్టాంక్ స్ట్రాంక్ కార్డ్
(c) Other Political Committees	Baselining die 19 maart 19 maa 19 maart 19 maart 19 19 maart 19	्राप्त के प्रतिकार के प्रत विकास
(such as PACs)	. The second of the contract	and the second of the second o
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	and the part of the control of the c	grand grand a section of the section
Totals to Line 33, page 5)	.1750	70900
2. Transfers From Affiliated/Other	A manual of the second of the	The contraction of the contracti
Party Committees		The state of the s
3. All Loans Received	and the state of	The section with the contract of the section of the contract of the section of the contract of the contract of
	Service make a service make a service make a service of service and	The market is the control of the con
4. Loan Repayments Received		
5. Offsets To Operating Expenditures	Comment Service (1997) From the Control of March 1997 and March 1997 and American	Burgary and the Conflict of th
(Refunds, Rebates, etc.)	والمساورة والمناس والمنافق والمنافق والمنافق المنافق المنافق المتافق المتافق المنافق المنافق المنافق	gans a line of the two transfer of the control of t
(Carry Totals to Line 37, page 5)		
6. Refunds of Contributions Made	i vice Alexandra (araba) a la 🦸 i Nova da la Constitución	har probable the state of a committee.
to Federal Candidates and Other		والمراوسي والمراوي والمراوي المراوي المراوي المراوي المراوي المراوي والمراوي والمراوي والمراوي
Political Committees		· · · · · · · · · · · · · · · · · · ·
7. Other Federal Receipts	সিন্ধান জন্মত ভূমা <mark>কীনাত উদ্দেশ অভিনয়তী</mark> কলা তালে । কিন্তিক লাভকুল কল্ম কলা জন্ম ক্ষেত্ৰ কলাৰ কলা কৰে তালিক কৰে বিভাগ কৰে ।	a graffinan damad Kontologi. Talah 1900 kilong talah 1900 kilong talah 1900 kilong talah 1900 kilong talah 190 Sangaran sangaran sa
(Dividends, Interest, etc.)	The state of the s	1
8. Transfers from Non-Federal and Levin Fund	te beach is all a become the second of the second	أسيرا بالراجي الخبارات فالمتلا ببلا السجان فستسؤه بيواهين والإنات
(a) Non-Federal Account	American and the second of the	productive and the second conduction of the se
· · · · · · · · · · · · · · · · · · ·	A discontinuo de la contraction de la contractio	
(from Schedule H3)	Sales de Maria de la Roma de America de Amer	1000 1000 1000 1000 1000 1000 1000 100
	ris with first and the second	and the second s
(b) Levin Funds (from Schedule H5)	and the second of the second o	and the second of the second o
	्रेक प्रतिकृतिक विश्वविक्षः सम्बन्धाः । १८८८ - १८५० - १८५० - १८५० - १८५० - १८५० - १८५० - १८५० - १८५० - १८५० -	 A contraction with the contract of the contract o
(c) Total Transfers (add 18(a) and 18(b))	· · · · · · · · · · · · · · · · · · ·	the standard and the standard
on That Brestale (add 11 to 4444)		
19. Total Receipts (add Lines 11(d),	grand as a manual company of grand and the second of the s	men magneting and state in the part of the state of the s
12, 13, 14, 15, 16, 17, and 18(c))▶	195.00	707.00

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20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003) **COLUMN B COLUMN A II. Disbursements Total This Period** Calendar Year-to-Date 21. Operating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Indemendent Expenditures 26. Loan Repayments Marle..... (b) Political Party Coramittees Other Political Committees (such as PACs)..... ample emugliyes a more or or (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... ▶ 11772 / 274 3 The Parliageness of the Prince 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))....▶ well was a green of the same of the same 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. ,160.70 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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 penditares 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 (fram Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

Liverse des Granton of Police and Compart

Long Con Propries in the contract

SCHEDULI	E A	(FEC	Form	3X)
ITEMIZED	REC	EIPTS	;	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE / OF /				
ITEMIZED RECEIPTS	for each category of the	11a 11b 11c 12				
	Detailed Surremary Page	13 14 15 16 17				
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any poname and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	1 0 1					
Kona tea Pax	ity PAG	,				
Full Name (Last, First, Middle Initial)	1	Date of Receipt				
A. Malling Address		M/M / U n. / Y Y Y S				
City	State Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	(C	and the second second				
Name of Employer	Occupation	7				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify) ▼	• • • • • • • • • • • • • • • • • • •					
Full Name (Last, First, Middle Initial) B.		Date of Receipt				
Mailing Address		# # / B B / · Y Y * * /				
City	State Zip Code	Amount of Early Descript this Design				
FEC ID number of contributing	0	Amount of Each Receipt this Period				
federal political committee.	C	,				
Name of Employer	Occupation					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify)	e e e e e e e e e e e e e e e e e e e	· ·				
Cura (specify)	* *					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address	***************************************	M M / O P / Y Y				
Ch.	State 70 Oods					
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing	С					
federal political committee.	. ,	1 2				
Name of Employer	Occupation					
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General						
Other (specify) ▼	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
SUBTOTAL of Receipts This Page (optional))	, ,				
TOTAL This Period (last page this line number o	nlv)	, , , , , , , , , , , , , , , , , , , ,				
To the time to the flat page and the following		A Company of the Comp				

SCHEDUL	E B	(FEC	Form	3X)
ITEMIZED	DIS	BURSE	MENT	S

	CL B (I LO I OI III OX)	Use separate schedule(s)			LINE I Koniy	ODO)	i:		j	LAGE	-1	" . l	
ITEMIZE	D DISBURSEMENTS	for each category of the Detailed Summary Page	(cr	eci	21b 27	one) 22 28a	F	23 26b	L	24 28c	25 29		26 30b
Any informa	ntion copied from such Reports and Standersial purposes, other than using the r	tements may not be sold or us	ed by	any	perso	n for the	pui ontril	pose	of soli	iciting of	contribut	ions ee.	
	F COMMITTEE (In Full)												
$\rangle K$	ona tea Par	ty PAL											
Full Nam A .	e (Last, First, Middle Initial)					Date of	of Di	sburs	ement				
~ .	11/1					tri p		a a	5 1		¥ ¥		
Mailing A	address												
City	. /	State Zip Code			}								
Purpose	of Disbursement				\neg	Amou	nt of	Each	Disbu	urseme	nt this F	oerio	d
Candidat	e Name		Cate	gor /pe	y/					,			
Office So	ought: House Disbur	sement For:	<i>-</i>		$\neg \uparrow$,			
	Senate	Primary General Other (specify)											
State:	District:												
	e (Last, First, Middle Initial)												
B.						Date of							
Mailing A	ddress					. i. p	ŧ :	р	n i	, у	v		
City		State Zip Code								 -			
Purpose	of Disbursement												
, a. pass						Amour	nt of	Each	Disbu	ırseme	nt this F	erio	d
Candidat	e Name		Cate	gor pe	y/								
Office Sc	ught: House Disburs	sement For:	<u>' y</u>	he				7		;			
	Senate	Primary General	-		İ								
State:	President ,	Other (specify)											
	e (Last, First, Middle Initial)	· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-								*****	-		
C.					1	Date o	f Di	sburse	ment				
Mailing A	ddress					· let in		ь	Ď	γ	٧		
City		State Zip Code			+								
Purpose	of Disbursement												
						Amoun	t of	Each	Disbu	ırsemei	nt this P	Perio	d
Candidate			Cate:		//					,			
Office So	ught: House Disburs Senate	ement For: Primary General											
	President	Other (specify)											
State:	District:	_i											
SUBTOTAL	of Disbursements This Page (optional)				>			,	-	,			
TOTAL This	Period (last page this line number on	у)			- ▶			,		,			
								<u> </u>		<u> </u>			

SCHEDULE C (FEC Form 3X)	1	Use separate schedule(s)	PAGE / OF /		
OANS			FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full) Konaten Parte	PAL				
LOAN SOURCE Full Name (Last, First)	Middle Initial)	E	lection: Primary General Other (specify)		
Mailing Address	710	_	Osioi (apoc)/ 🔻		
City		Code	O A Association of Olean at This Boats is		
Original Amount of Loan	Cumulative Payment	t To Date Balance	Outstanding at Close of This Period		
,		,	rangers growth		
Date Incurred List All Endorsers or Guarantors (if an	M M / O'T O'T /	Due Interest Rate	Secured: % (apr) Yes No		
1. Full Name (Last, First, Middle Initial)		Name of Employer			
1. THE PERSON LINES, LI		Hame or sampleye.			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:	a service po		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Guaranteed	· · · · · · · · · · · · · · · · · · ·		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
Oily State	ZIF COUR	Outstanding:	•		
SUBTOTALS This Period This Page (option	atl				
FOTALS This Period (last page in this line		· · · · · · · · · · · · · · · · · · ·			
	·				
Carry outstanding balance only to LINE 3,	Schedule D, for this line.	. If no Schedule D, carry forward	to appropriate line of Summary.		

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

Supplementary for Information found on Page / of Schedale C

ederal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
Kona tea Papty	PAC	C	90485136
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	5 1	•	
Mailing Address // //	Date Incurred or Established	[rei +d	р 5 гг
ity State Zip Code	Date Due	64 14	· (1 1) · · · · · · · ·
A. Has loan been restructured? No Yes	If yes, date originally incurre		
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	•	,
C. Are other parties secondarily liable for the debt incurre	ed? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the liproparty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,		value of this collateral?
No Yes If yes, specify:	1		1
			nder have a perfected security
E. Are any future contributions or ruture receipts of intere	est income pledoed as		? No Yes
collateral for the loan? No Yes If yes, s			estimated value?
.4		,	· ·
A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
W	City, State, Zip:		
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the	amount pled nich it assure	ged does not equal or exceed s repayment.
G. COMMITTEE TREASURER		DATE	
Typed Name Signature		is w	7 G G G 7 Y Y Y Y Y
H. Attach a signed copy of the loan agreement.			
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ter are accurate as stated above. The loss was made on terms and conditions (inc.)		_	•
The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of the This institution is aware of the requirement that a complied with the requirements set term at 11 CF.	comparable credit worthiness. I loan must be made on a basis	which assur	-
UTHORIZED REPRESENTATIVE	THE PARTY OF THE P	DATE	
yped Name		u	e post vol.
Signature Title	u		

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

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER:

AME OF COMMITTEE (In Full)		numbere	d line)			
Kons. Tou Party	PAL					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Na	ture of D	ebt (Purpose)	:	
Mailing Address City State Zip Code						
Outstanding Balance Beginning This Period						
	nt This Period	•	Outstandir	ng Balance at	Close of 1	This Po
, , , , , , , , , , , , , , , , , , ,	5 1	••		J + ; :	1:	•
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Na	ture of D	ebt (Purpose)	:	
Malling Address						
City State Zip Code						
Amount Incurred This Period Payme	nt This Period)u tstan dir	ng Balance at	Close of 1	This Po
Amount Incurred This Period Payme	•	:		ng Balance at		This Po
Amount Incurred This Period Payme	•				\$1.5	This Po
Amount Incurred This Period Payme C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address	93 - 24			A colores	\$1.5	This Po
Amount Incurred This Period Payme C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address	•			A colores	\$1.5	This Pe
Amount Incurred This Period Payme C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address	93 - 24			A colores	\$1.5	This Po
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Amount Incurred This Period Payme C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Outstanding Balance Beginning This Period	Zip Code	Na	ture of Di	ebt (Purpose)	Close of T	-
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Amount Incurred This Period Payme C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Outstanding Balance Beginning This Period Amount Incurred This Period Payment 3 SUBTOTALS This Period This Page (optional)	Zip Code nt This Period	Na Na	ure of D	ebt (Purpose)	Close of T	his Pe

SCHEDULE E (FEC FORM 3X) ITEMIZED INDEPENDENT EXPENDITURES		PAGE / OF /
HEMIZED INDEPENDENT EXPENDITIONES		FOR LINE 24 OF FORM 3
NAME OF COMMITTEE (In Full)	24 -	FEC IDENTIFICATION NUMBER
170 100 100	AC	coo485136
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City State	Zip Code	
City State	LIP GOOD	a war in the second
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expend	_Lditure:	Check One: Support Oppose
		Languard Control of the Control of t
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		HE ME J B D V T Y T
Mailing Address		Amount
City State	Zip Code	
		1 1
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expend	liture:	President
.4		Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought ,	*	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		.
,		
(b) SUBTOTAL of Uniternized Independent Expenditures		··· •
(c) TOTAL Independent Expenditures	•••••••••••••••••••••••••••••••••••••••	··· •
		<u> </u>
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.	ures reported herein were rized committee or agent 4	e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
		•
		M M / D D / Y Y Y Y

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 (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? NO YES If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate Gentral Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Malling Address Type 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 Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date 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 AUTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Locia Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nontronnected Committees Only)

NAME OF COMMITTEE (In Full)
Kona ten Party PAL
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat/minimum percentage of 50% federal funds, check If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):

SCHEDULE H	2 (FEC	Form	3X)
ALL OCATION	RATIOS	ı	

PAGE OF

NAME OF COMMITTEE (In Full) Kona toa Party PAC						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT					
Maihods of allocation:						
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	thod" where the federal p	roportion of				
II. Shared DIRECT CARDIDATE 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 rafer 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	ECDEDAL M	NONCEPEDAL				
ACTIVITY IS: Fundraising CHECK IF THE RATIO IS: New Revised Sange_as Previously Reported	FEDERAL %	NONFEDERAL %				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONECCENT				
ACTIVITY IS:	TO SERVICE OF THE SER	NONFEDERAL %				
Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported	* · · *	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CRECK IF THE RATIO IS: New Revised Same as Previously Reported	·	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support	e egye eyem	·				
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
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CHECK IF THE RATIO IS:		%				
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:						
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %	0. 70				
New Revised Same as Previously Reported						

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

PAGE	T	QF	7	
FOR LI	NE 1	Ba Ol	F FORI	M 3X

NAME	OF COMMITTEE (In Full)	Past.	PAC					
NA	ME OF ACCOUNT	100	DATE OF RECEIPT			TOTAL AMOU	INT TRANS	FERRED
			\$6 М / С О	2 V Y Y		1	,	•
BR	EAKDOWN OF TRANSFER F	RECEIVED						
1)	Total Administratife		••••••			• •	*	
") Generic Voter Drive	/ \				1	,	
١.	n =						,	
į.	i) Exempt Activities			•••••••••••••••••••••••••••••••••••••••		,	1	•
"	r) Direct Fundralsing (List Act	ivity of Event ider	iuner)					
	a)		,	•	•			
	b)							
			·	:				
	c) Total Amount Transferred		-	•••••••••••••••••••••••••••••••••••••••		.1.	,	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Direct Candidate Support (List Activity or Eve	ent Identifier)					
	a)		3	7	•			
	, b)							
	,		5	5				
	c) Total Amount Transferred I	For Direct Candida	ate Support			3	1	
vi) Public Communications Re	ferring Only to P	Party (Made by PAC)			;	,	,
		TOTALS FO	R BREAKDOWN OF	TRANSFER RE	CEIVED			
TOTAL	L This Period (Administrative)							
				•	;	•		
TOTA	L This Period (Generic Voter Dr	rive)		1	,	•		
IATOT	. This Period (Exempt Activities	s)	•••••••••••••••••••••••••••••••••••••••	••••	,	:		
TOTAL	_ This Period (Direct Fundraisin	ın)						
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TOTAL	This Period (Direct Candidate	Support)	•••••••••••••••••••••••••••••••••••••••		ì	i v	•	
TOTAL	. This Period (Public Communic	cations Referring (Only to Party)	•••••		,		
TOTA	This Pariod /Total Amount Tra	ne(arrad)						
-UIAL	. This Period (Total Amount Tra				••••	•	•	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

ļ	-	 		
		 	FORM	

NAME OF COMMITTEE (In Full) Reports PAL		
Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
Mailing Address		Administrative Fundralsing Exempt Other Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Purpose of Disbursement:		- Allocated Activity or Event Year-To-Date
Activity or Event Identifier:	Category/ Type	M M I D C I T I D
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		Allocated Activity or Event:
B. Full Name (Last, First, Middle Initial)		Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
Activity or Event Identifier:	Category/	ATH COOK SHOW S
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundralsing Exempt
Mailing Address		Voter Drive Direct Candidate Support
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	M M 7 U U 7 V 7 V Date
FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
والوالم المراجع		
SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL		= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and FEDERAL SHARE NONFEDERAL	i NonFederal sh	
en e		a a sa Sa sa sa gopona ya

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 FORM 3X

NAME OF COMMITTEE (In Full)	Part PAC							
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED						
	A A A A A A A A A A A A A A A A A A A							
BREAKDOWN OF THIS TRANSFER	VOTER RECIETS	DATION						
i) Voter Registration Total Amount Transferred for Voter Registration								
ii) Voter iD	VOTER ID							
Total Amount Transferred for \	/oter ID:	, .						
iii) GOTV Total Amount Transferred for (GOTV	GOTV						
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY						
Total Aerount Transferred for (Generic Campaign Activity	g						
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED						
		, , .						
BREAKDOWN OF THIS TRANSFER								
i) Voter Registration Total Amount Transferred for Voter Registration								
ii) Voter ID	,	OTER ID						
Total Amount Transferred for \	/oter ID	, GOTV						
iii) GOTV Total Amount Transferred for C	GOTV	7 1 ·						
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY						
Total Amount Transferred for G	Generic Campaign Activity							
TOTALS FOR	BREAKDOWN OF TRANSFER RECEIVED (La	ast Page Only)						
TOTAL This Period (Voter Registration	n)							
TOTAL This Period (Voter ID)								
TOTAL This Period (GOTV)		, ·						
TOTAL This Period (Generic Campaig	gn Activity)	1 · · · · · · · · · · · · · · · · · · ·						
TOTAL This Period (Total Amount of	Transfers Received)							

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY (To be used by State, Disfrict and Local Party Committees Only)

	PAG	E	7	OF	7	
i	FOR	LINE	30a	OF	FORM	зх

NAME OF COMMITTEE (In Full) Kona Yea Party PAC		
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV
Mailing Address		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	<u> </u>	5
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SHA	<u> </u>	= TOTAL AMOUNT
9 . · · · · · · · · · · · · · · · · · ·		1 3
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
O. For Hanc (Last, First, Middle Hillar) Francisco		Voter Registration GOTV
		Voter ID Generic Campaign
Mailing Address	<u></u>	Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SHA	ARE	= TOTAL AMOUNT
		y 1
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		i s
Purpose of Disbursement	Category/ Type	Ø № . D o r Date
FEDERAL SHARE + LEVIN SHA		= TOTAL AMOUNT
3 2 1		1
SUBTOTAL of Shared Federal and Levin Activity This Page	····	
FEDERAL SHARE + LEVIN SHA	ARE	= TOTAL AMOUNT
g e e e		
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and		, ,, ,,
FEDERAL SHARE	.ne	TOTAL AMOUNT
, LEVIN SHA	ME	;
TOTAL This Period for the Levin Share		
EBANO26		FEC Schedule H6 (Form 3X) Rev. 02/2003

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

NAN	ME OF ACCOUNT	Papty PAC	
	N/A	COLUMN A	COLUMN B
	RECEIPTS FROM PERSONS	TOTAL THIS PERIOD	YEAR-TO-DATE
1.	(a) Itemized	<u>:</u>	, ,
	(Use Schedule L-A)	en e	•
	(b) Unitemized		
	(c) Total	······································) ,
~	ATUES DECEMBE		
2.	OTHER RECEIPTS	······································	
3.	TOTAL RECEIPTS		
	(Add Lines 1c and 2)	angto t o the the state of th	1
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		·
	(a) voier negistration	The state of the s	The state of the s
	(b) Voter ID	······································	
		in the	* * * · · · · · · · · · · · · · · · · ·
	(c) GOTV	···· 1	9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 -
	(d) Generic Campaign	****	·
	4		,)
	(e) Total		3 3 4 5 4 5 4 5 4 5 5 4 5 5 5 6 5 6 5 6 5 6
5.	OTHER DISBURSEMENTS	1 1	
5.	OTHER DISBURSEMENTS		3
6.	TOTAL DISBURSEMENTS	••••	
	(Add Lines 4e and 5)	. р з	3
7 .	BEGINNING CASH ON HAND		
••	(for Column B, use cash as of January 1st)	And the second s	$\mathbf{y}_{i} = \mathbf{y}_{i} \cdot \mathbf{y}_{i} + \mathbf{y}_{i} + \mathbf{y}_{i} \cdot \mathbf{y}_{i} + \mathbf{y}_{i} $
8.	RECEIPTS	garan ing kananan kananan ang kananan 	
ъ.	(from Line 3)		· · · · · · · · · · · · · · · · · · ·
~	OLINTATAL	Section 1995	
9.	SUBTOTAL(Add Lines 7 and 8)	, , , , , , , , , , , , , , , , , , , ,	
~	The same of the same same same same same same same sam	$(q_{ij}, x_{ij}) = (0, x_{ij}, x_{ij}, x_{ij}) = (0, x_{ij},	ter year and a second s
10.	DISBURSEMENTS(From Line 6)	"" Carlos de la companya della companya della companya de la companya della com	The same of the same
		PBA	
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		7 . •

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

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

	PAGE	OF
OR LINE NUMBER: hack only one)	1a	2

	Aggregation Page	(chack only one)
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and address	t be sold or used by any persor as of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Fora Tea Party	PAL	
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
A. /		W M I O O I V Y V I
Mailing Address		1
City Stat	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		, i
·		Aggregate Year-to-Date
Occupation		general and the second
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
B .		Mark to the transfer of the transfer of
Mailing Address		
City State	e Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		and the second of the second o
	}	Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		7
C.		Date of Receipt
Mailipg Address	·	
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		1. gt.
reging of Eliquoyal of Children Claude of Daglicos		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
D.		H M A D D A A Y Y Y Y
Mailing Address		Marine State Control of the Control
City State	Zip Code	Amount of Each Receipt this Period
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Name of Employer or Principal Place of Business		Annual Marie Annual Ann
Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	•	, , ,
TOTAL This Period (last page this line number only)		

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

OF LEVIN FUNDS	3384	464d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
V Varia, Year 1000.9	2AC	
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address		Date of Disbursement
	7.0.1	
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		American Standard Standard
Full Name (Last, First, Middle Initial) / Full Organization Name	•	Date of Disbursement
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Mailing Address		10 miles
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		a service at the control of the control of
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement
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Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) / Full Organization Name		D. 4. 4 D. 4
D. ,		Date of Disbursement
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Purpose of Disbursement		
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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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED