

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 DEC 6 AM 9 26

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

**Alaskans for a New Congress**

ADDRESS (number and street)

2139 Solstice Circle

Check if different than previously reported. (ACC)

Anchorage

AK 99503-1757

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00689935

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)
- Election on  /  /  in the State of

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

- General (30G)
  - Runoff (30R)
  - Special (30S)
- Election on  /  /  in the State of

5. Covering Period

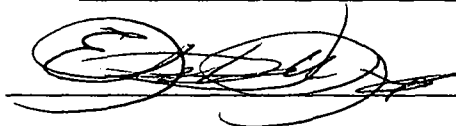
10 / 01 / 2018 through 12 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ELSTAN W. LANGSEN

Signature of Treasurer



Date

12 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

*ALASKANS FOR A NEW CONGRESS*

Report Covering the Period:

From:

*10 01 2018*

To:

*12 31 2018*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2018</i>		<i>0.00</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>0.00</i>	
(c) Total Receipts (from Line 19).....	<i>600.00</i>	<i>600.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>600.00</i>	<i>600.00</i>
7. Total Disbursements (from Line 31).....	<i>597.93</i>	<i>597.93</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>2.07</i>	<i>2.07</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>0.00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>0.00</i>	

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

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

20180110 10:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*ALASKANS For A New Congress*

Report Covering the Period: From:

*10* / *01* / *2018*

To:

*12* / *31* / *2018*

**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).....

*0.00*

*0.00*

(ii) Unitemized.....

*600.00*

*600.00*

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

*600.00*

*600.00*

(b) Political Party Committees.....

*0.00*

*0.00*

(c) Other Political Committees (such as PACs).....

*0.00*

*0.00*

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*600.00*

*600.00*

12. Transfers From Affiliated/Other Party Committees.....

*0.00*

*0.00*

13. All Loans Received.....

*0.00*

*0.00*

14. Loan Repayments Received.....

*0.00*

*0.00*

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

*0.00*

*0.00*

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

*0.00*

*0.00*

17. Other Federal Receipts (Dividends, Interest, etc.).....

*0.00*

*0.00*

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

*0.00*

*0.00*

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

*0.00*

*0.00*

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

*0.00*

*0.00*

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*600.00*

*600.00*

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

*600.00*

*600.00*

NON-FEDERAL CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

**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 .....	0.00	
(ii) Non-Federal Share .....	0.00	
(b) Other Federal Operating Expenditures .....	597.93	597.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	597.93	597.93
22. Transfers to Affiliated/Other Party Committees .....	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	
24. Independent Expenditures (use Schedule E) .....	0.00	
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	
26. Loan Repayments Made .....	0.00	
27. Loans Made .....	0.00	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	
(b) Political Party Committees .....	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	
29. Other Disbursements (Including Non-Federal Donations) .....	0.00	
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	
(ii) "Levin" Share .....	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	597.93	597.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	597.93	597.93

NON-FEDERAL DISBURSEMENTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	600.00	600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	600.00	600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	597.93	597.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	597.93	597.93

NONUNION : W0 : 00 : NH : 00 : 00

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>	15	<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>

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)  
**ALASKANS FOR A NEW CONGRESS**

**A. ELSTUN W. LAUSEN**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2139 Solstice Circle**

City **Anchorage** State **AK** Zip Code **99503**

FEC ID number of contributing federal political committee. **C00689935**

Name of Employer (for Individual) **Self** Occupation (for Individual) **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **600.00**

Date of Receipt  
**10/15/2018**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**INITIAL Deposit To Open BANK ACCOUNT**

**B. ELSTUN W. LAUSEN**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2139 Solstice Circle**

City **Anchorage** State **AK** Zip Code **99503**

FEC ID number of contributing federal political committee. **C00689935**

Name of Employer (for Individual) **Self** Occupation (for Individual) **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **600.00**

Date of Receipt  
**10/22/2018**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**PERSONAL Transfer from Pay Pal ACCOUNT TO AFANC ACCOUNT**

**C. ELSTUN W. LAUSEN**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2139 Solstice Circle**

City **Anchorage** State **AK** Zip Code **99503**

FEC ID number of contributing federal political committee. **C00689935**

Name of Employer (for Individual) **Self** Occupation (for Individual) **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **600.00**

Date of Receipt  
**10/23/2018**

Amount of Each Receipt this Period  
**150.00**

Memo Item  
**Transfer from Personal PAYPAL ACCOUNT TO AFANC ACCOUNT**

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only) **600.00**

INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Part 2 of Schedule A  
**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ALASKANS FOR A NEW CONGRESS**

**D.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ELSTON W LAUSSEN**

Mailing Address  
**2139 Solstice Circle**

City **Anchorage** State **AK** Zip Code **99503**

FEC ID number of contributing federal political committee. **C00689935**

Name of Employer (for Individual) **Self** Occupation (for Individual) **Consultant**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **60000**

Date of Receipt  
**10 / 29 / 2018**

Amount of Each Receipt this Period  
**10000**

Memo Item  
**CASH INTO ACCOUNT**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

2018-12-06 09:00 AM

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

ALASKANS For A New Congress

Full Name (Last, First, Middle Initial)

A.

USPO

Date of Disbursement

10 / 17 / 2018

Mailing Address

1601 W. Northern Lights Blvd

City

Anchorage

State

AK

Zip Code

99517-3315

FEC Identification Number

C00689935

Purpose of Disbursement

MAIL PROMO PINS

001

Amount of Each Disbursement this Period

27.45

Candidate Name

DON YOUNG (OPPOSE)

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

B.

George Sookriyak

Date of Disbursement

10 / 22 / 2018

Mailing Address

8301 Station Cir

City

Anchorage

State

AK

Zip Code

99507

FEC Identification Number

C00689935

Purpose of Disbursement

Web Services

003

Amount of Each Disbursement this Period

60.00

Candidate Name

DON YOUNG (OPPOSE)

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

George Sookriyak

Date of Disbursement

10 / 22 / 2018

Mailing Address

8301 Station Cir

City

Anchorage

State

AK

Zip Code

99507

FEC Identification Number

C00689935

Purpose of Disbursement

Web Services

003

Amount of Each Disbursement this Period

140.00

Candidate Name

DON YOUNG (OPPOSE)

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

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

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



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

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

FOR LINE NUMBER: (check only one)

PAGE OF

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Alaskans For A New Congress

Full Name (Last, First, Middle Initial)

USPO

Mailing Address

1601 W. Northern Lights

City Anchorage

State AK

Zip Code 99517

Purpose of Disbursement

Promo Pins

Candidate Name

Dan Young (Oppose)

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

001  
Category/  
Type

Date of Disbursement

10' 24' 2018

FEC Identification Number

C00689935

Amount of Each Disbursement this Period

42.00

Memo Item

Full Name (Last, First, Middle Initial)

USPO

Mailing Address

1601 W. Northern Lights

City Anchorage

State AK

Zip Code 99517-3315

Purpose of Disbursement

Promo Pins

Candidate Name

Dan Young (Oppose)

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

001  
Category/  
Type

Date of Disbursement

10' 24' 2018

FEC Identification Number

C00689935

Amount of Each Disbursement this Period

26.98

Memo Item

Full Name (Last, First, Middle Initial)

ELSTEN W. LAUSEN

Mailing Address

2134 Solstice Cir

City Anchorage

State AK

Zip Code 99503

Purpose of Disbursement

Mileage & Gas (Personal Vehicle)

Candidate Name

Dan Young (Oppose)

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

001  
Category/  
Type

Date of Disbursement

10' 22' 2018

FEC Identification Number

C00689935

Amount of Each Disbursement this Period

100.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

AKASKANS For a New Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

10' 28' 2018

USPO

Mailing Address

1601 W. Northern Lights

City Anchorage

State AK

Zip Code 99517-3315

FEC Identification Number

C00689935

Purpose of Disbursement

MAIL PROMO PINS

001

Candidate Name

DON YOUNG (OPPOSE)

Category/Type

Amount of Each Disbursement this Period

14.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

10' 26' 2018

USPO

Mailing Address

1601 W. Northern Lights

City Anchorage

State AK

Zip Code 99517-3315

FEC Identification Number

C00689935

Purpose of Disbursement

PROMO PINS

001

Candidate Name

DON YOUNG (OPPOSE)

Category/Type

Amount of Each Disbursement this Period

3.50

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

10' 26' 2018

USPO

Mailing Address

1601 W. Northern Lights

City Anchorage

State AK

Zip Code 99517-3315

FEC Identification Number

C00689935

Purpose of Disbursement

PROMO PINS

001

Candidate Name

DON YOUNG (OPPOSE)

Category/Type

Amount of Each Disbursement this Period

7.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

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

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

.....  
.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

ASKANS For A New Congress

Full Name (Last, First, Middle Initial)

ELSTON W. LAMSEN

Mailing Address

2139 Solstice Circle

City

Anchorage

State

AK

Zip Code

99503

Purpose of Disbursement

Misc. Expenses (Reimb.)

Candidate Name

Dan Young (Oppose)

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

10 / 29 / 2018

FEC Identification Number

C00689935

Amount of Each Disbursement this Period

100.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

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

Supplemental Information found on  
 Page      of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER C <span style="border: 1px solid black; padding: 2px 10px;"> </span>		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <span style="border: 1px solid black; padding: 2px 10px;"> </span>		Interest Rate (APR) <span style="border: 1px solid black; padding: 2px 10px;"> </span> %	
Mailing Address			Date Incurred or Established M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Date Due M M M / D D D / Y Y Y Y Y Y		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred M M M / D D D / Y Y Y Y Y Y		
B. If line of credit, Amount of this Draw: <span style="border: 1px solid black; padding: 2px 10px;"> </span>		Total Outstanding Balance: <span style="border: 1px solid black; padding: 2px 10px;"> </span>			
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 or deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes What is the estimated value? <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M M / D D D / Y Y 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 M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y		
Title					

20180114 10:56:10 AM

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

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER:  
 (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....	
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

SOURCE: WASHINGTON STATE ARCHIVES

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

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ C
-----------------------------	----------------------------------

Check if  24-hour report     48-hour report    **>>>**     New report     Amends report filed on  /  /

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶ _____

N/A

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

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  /  /

FOUNDED IN 1974

**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) \_\_\_\_\_

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: _____	Full Name of Subordinate Committee _____		
	Mailing Address _____		
	City _____	State _____	ZIP Code _____

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

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

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

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

NON-REVENUE USE 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)

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**

Indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only



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

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

**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.

20160508 10:05:00 AM

N/A

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER 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	[ ] %	[ ] %

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF TRANSFER RECEIVED**

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

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	
TOTAL This Period (Generic Voter Drive) .....	
TOTAL This Period (Exempt Activities) .....	
TOTAL This Period (Direct Fundraising) .....	
TOTAL This Period (Direct Candidate Support) .....	
TOTAL This Period (Public Communications Referring Only to Party) .....	
TOTAL This Period (Total Amount Transferred) .....	

UNBOUND SOURCE: WASHINGTON

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

NAME OF COMMITTEE (In Full)

**A. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_

Allocated Activity or Event Year-To-Date \_\_\_\_\_  
 Date MM / DD / \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**B. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_

Allocated Activity or Event Year-To-Date \_\_\_\_\_  
 Date MM / DD / \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + **NA** \_\_\_\_\_ = \_\_\_\_\_

**C. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_

Allocated Activity or Event Year-To-Date \_\_\_\_\_  
 Date MM / DD / \_\_\_\_\_

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  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

2016 RELEASE UNDER E.O. 14176

**SCHEDULE H5 (FEC Form 3X)**

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

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

PAGE  OF   
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT <input type="text"/>	DATE OF RECEIPT MM / DD / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	TOTAL AMOUNT TRANSFERRED <input type="text"/>
--------------------------------------	---	--

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT <input type="text"/>	DATE OF RECEIPT MM / DD / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	TOTAL AMOUNT TRANSFERRED <input type="text"/>
--------------------------------------	---	--

**BREAKDOWN OF THIS TRANSFER**

*N/A*

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NON-PROFIT CORPORATION

**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				<input type="checkbox"/> Memo Item	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		Date			
				MM	DD	YY	
Purpose of Disbursement				Category/Type			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	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		Date			
				MM	DD	YY	
Purpose of Disbursement				Category/Type			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	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		Date			
				MM	DD	YY	
Purpose of Disbursement				Category/Type			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT	

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

COPIES OF THIS DOCUMENT ARE TO BE MAINTAINED IN THE COMMITTEE'S RECORDS

*Handwritten mark: A large 'X' or scribble over the Levin Share field of the second entry.*

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

AGGREGATION PAGE: LEVIN FUNDS

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

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

PAGE OF

FOR LINE NUMBER:  
 (check only one)  1a  2

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)

<p><b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>D.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	

**NA**

CHUNGBONG WONG COLLECTION

**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)

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					

**N/A**

INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

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



ORIGIN ID:GSTA (907) 229-4843  
ELSTUN LAUSESEN

2139 SOLSTICE CIR

ANCHORAGE, AK 99503  
UNITED STATES US

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2018 DEC -6 10:25

SHIP DATE: 05 DEC 18  
ACTWT: 0.26 LB  
CAD: 6990280/SSF01922

BILL CREDIT CARD

Part # 158297-359-4818-535 07/19

TO **FEDERAL ELECTIONS COMMISSION**

1050 1ST ST NE

WASHINGTON DC 20002

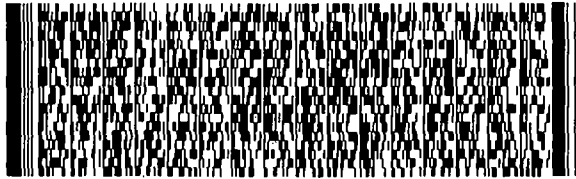
(000) 000-0000

REF:

THU:

PG:

DEPT:



FedEx  
Express



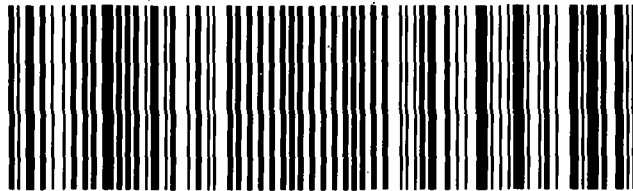
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TRK# 7842 0986 9569  
0201

THU - 06 DEC 3:00P  
STANDARD OVERNIGHT

**XC YKNA**

20002  
DC-US IAD



a

NON-PAYABLE TO ANY GOVERNMENT

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 Date of Receipt

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 Shipping Date  
12-5-18  
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

*af*  
 PREPARER 12-6-18  
 DATE PREPARED

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