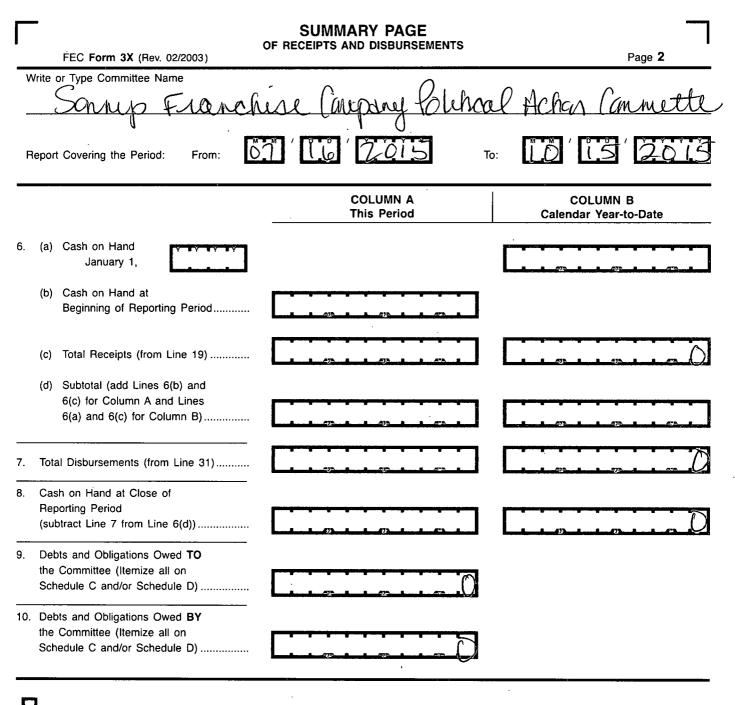
FEC FORM 3X	AND	DRT OF R DISBURS	EMENT	S	FECM	ECEIVED IAIL CENTER (-3, AM 9:31		
1. NAME OF COMMITTEE (in 1	TYPE OR	PRINT V	Example: If typover the lines.	bing, type	12FE4M5			
SONNY'S FRANCHISE COMPANY POLITICAL ACTION								
ADDRESS (number and Check if diffe than previous reported. (AC		FL-00R+	14101R.K.		EL 122	1991-L		
	TION NUMBER			NEW (N) OR	AMENDER (A)	ZIP CODE		
July 15 Quarterly October	Report (Q1) (c)	Ponthly Feb 20 Port Mar 20 Port Apr 20 12-Day PRE-Election Report for the:	(M3)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)) Dec 20 (M12) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)		
July 31 M Report (N Year Only	Report (YE) /lid-Year (d) Non-election	Election of 30-Day POST-Election Report for the: Election of	General (3		Runoff (30R)	in the State of Special (30S) in the State of		
5. Covering Period 5. Covering Period 1 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 Signature of Treasurer Multiple Multiple Date 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					· · · ·	C FORM 3X Rev. 12/2004		

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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

Γ	DE	TAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 02/2003)	of Receipts	Page 3
W	rite or Type Committee Name		
_	Samp Franches	Company Politcal	action Committe
R	eport Covering the Period: From:	1 1 2 8 1 5 T	· FD' [18] 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)		
	 (b) Political Party Committees		
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts (Dividends, Interest, etc.)		
18.	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	Ö	

: ! !

DETAILED SUMMARY PAGE

of Disbursements

	II. Disbursements	COLUMN A	COLUMN B
21	Operating Expenditures:	Total This Period	Calendar Year-to-Date
21.	(a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Neo Fodoral Chara		
	(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		
23.	Committees	43 <u>5 8 45</u> 5 8 4 ⁻ 5 8	
_0.	Federal Candidates/Committees		
	and Other Political Committees		
	Independent Expenditures		
25	(use Schedule E) Coordinated Party Expenditures		
20.	(52 U.S.C. § 30116(d))		
	(use Schedule F)		
26.	Loan Repayments Made		
			
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds	·····	
	(add Lines 28(a), (b), and (c))►		
29.	Other Disbursements		
~~	Federal Flection Activity (50 H.O.O. C. 00104/	201	-
30.	Federal Election Activity (52 U.S.C. § 30101(2	20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share		
	(I) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	475	
	(c) Total Federal Election Activity (add		[
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21	Total Disburgements (add Lince 21/a) 00		
51.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
~~	Total Fadaval Distances		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		
			······································

DETAILED SUMMARY PAGE

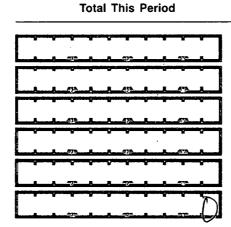
of Disbursements

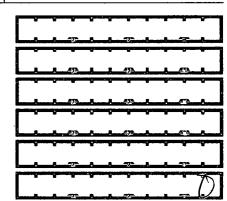
COLUMN A

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/ Operating Expenditures 33. Total Contributions (other than loans)

- (from Line 11(d), page 3)
- (add Line 21(a)(i) and Line 21(b))▶37. Offsets to Operating Expenditures





COLUMN B

Calendar Year-to-Date

Page 5

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	:	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE OF 11c 12 15 16 17
Ar	by information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committee	son for the purpose of so to solicit contributions fron	liciting contributions
	NAME OF COMMITTEE (In Full) Same Free Free Street	tuse	Company	Electred (loha Canuttee
Α.			- 0	Date of Receipt	
	Mailing Address				/
	City	State	Zip Code	Amount of Each Reco	eipt this Period
	FEC ID number of contributing federal political committee.	С			475 I 475 I
	Name of Employer	Occupation		Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	-	
_	Full Name (Last, First, Middle Initial)			Data of Descript	· .
В.	Mailing Address			Date of Receipt	
	City	State	Zip Code	Amount of Each Rece	Pint this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer	Occupation	I	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼		
_	Full Name (Last, First, Middle Initial)				
C.	Mailing Address			Date of Receipt	
	City	State .	Zip Code	Amount of Each Rece	Pint this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer	Occupation		Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼		
-	UBTOTAL of Receipts This Page (optional)			, <u>, , , , , , , , , , , , , , , , , , </u>	
Ľ	OTAL This Period (last page this line number o	(IIIY)	····· •		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check or				
		Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30b	
Any in or for	nformation copied from such Reports and Statem commercial purposes, other than using the nam	nents may not be sold or used he and address of any political	by any perso committee to	n for the purpose of solicit contributions fro	oliciting contributions m such committee.	
	ME OF COMMITTEE (In Full) Samp Flanchise (Energening Poli	fical	Action C	annitte	
Α.	Il Name (Last) First, Middle Initial)			Date of Disburseme	nt	
Ma	ailing Address					
Cit	ly. S	State Zip Code				
Pu	rpose of Disbursement	г		Amount of Each Dis	bursement this Period	
	indidate Name		Category/ Type			
Of		nent For: Primary General Other (specify) ▼		Memo Item		
	ate: District:			Date of Disburseme	nt	
Ma	ailing Address					
Cit	ly S	State Zip Code				
	irpose of Disbursement			Amount of Each Dis	bursement this Period	
	fice Sought: House Disbursen		Category/ Type			
	Senate President	Primary General . Other (specify)		Memo Item		
	ate: District: Il Name (Last, First, Middle Initial)					
C.				Date of Disbursemen	nt	
Ma	ailing Address			М • М / В • В		
Cit	y S	State Zip Code				
Pu	rpose of Disbursement]				
Ca	indidate Name	Amount of Each Dis	bursement this Period			
	President	nent For: Primary General Other (specify) ▼	Туре	Memo Item		
Sta	ate: District:			,		
SUB	TOTAL of Disbursements This Page (optional)		>		<u> </u>	
тот	AL This Period (last page this line number only).		••••••••••••		0	

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SCHEDULE C (FEC Form 3X)

LOANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X							
	Detailed Summary Page FOR LINE 13 OF FORM 3X							
NAME OF COMMITTEE (In Full)	QUI A A A A							
Sonnep Franchise Conp	never toutable Arna Canutte							
LOAN SOURCE Full Name (Last, First, Middle Initial)								
	Primary General							
Mailing Address	Other (specify) ▼							
	Code							
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period							
TERMS								
Date Incurred Date D	Due Interest Rate Secured:							
	% (apr) Yes No							
Link All Fordance Constructions ((Constructions)								
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer							
1. Full Name (Last, First, Middle Initial)								
Mailing Address	Occupation							
City State ZIP Code	Amount Guaranteed							
	Outstanding:							
2. Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
	Amount							
City State ZIP Code	Guaranteed Outstanding:							
3. Full Name (Last, First, Middle Initial)	Name of Employer							
S. Fuil Marine (Last, First, Middle Initial)								
Mailing Address	Occupation							
City State ZIP Code	Amount Guaranteed							
	Outstanding:							
4. Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
Maining Address								
	Amount							
City State ZIP Code	Guaranteed Outstanding:							
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only)	······································							
Carry outstanding balance only to LINE 3, Schedule D, for this line.	. If no Schedule D, carry forward to appropriate line of Summary.							

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)

Supplementary for Information found on Page of Schedule C FEC IDENTIFICATION NUMBER CAN454462

Som	upfranchese & Potr	I bed Achen Cam	ute Ca0.454462
LENDING INS	STITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name			······································
Mailing Addre	SS	Date Incurred or Establishe	
City	State Zip Code	Date Due	
A. Has lo	oan been restructured?	If yes, date originally incurr	red
B. If line Amour	of credit, nt of this Draw:	Total Outstanding Balance:	
	ther parties secondarily liable for the debt incu lo Yes (Endorsers and guarantors	urred? must be reported on Schedule C	:.)
proper stocks	hy of the following pledged as collateral for the ty, goods, negotiable instruments, certificates , accounts receivable, cash on deposit, or othe Yes If yes, specify:	of deposit, chattel papers,	What is the value of this collateral?
	ny future contributions or future receipts of internal for the loan?	erest income, pledged as , specify:	What is the estimated value?
	ository account must be established pursuant CFR 100.82(e)(2) and 100.142(e)(2).		
	Date account established:	Address:	
		City, State, Zip:	
	ner of the types of collateral described above v an amount, state the basis upon which this lo		
	AITTEE TREASURER		DATE
	Name		
Signat			
	h a signed copy of the loan agreement.		
1 1. 1	E SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above.		rmation regarding the extension of the loan
· II. 1	The loan was made on terms and conditions is similar extensions of credit to other borrowers. This institution is aware of the requirement that	of comparable credit worthiness.	
<u> </u>	complied with the requirements set forth at 11	CFR 100.82 and 100.142 in ma	king this loan.
	DREPRESENTATIVE		DATE
Typed Name		Tiata	
Signature		Title	

SCHED	ULE D (FEC Form 3X)		(Use separate	PAGE OF
DEBTS	AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER: (check only one)
Excluding	g Loans		for each numbered line)	
NAME OF		$ \land \land$		A. At
SON	Imp Franche	selp toutle	al Ach	in Committe_
A. Ful	I Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of I	Debt (Purpose):
Mailing	Address			
City	State	Zip Code		
Outs	tanding Balance Beginning This Period			
L _A	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
L				
B. Full	Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of I	Debt (Purpose):
Mailing	Address			
City	State	Zip Code		
Outs	tanding Balance Beginning This Period			
-				
	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
C. Ful	I Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of [Debt (Purpose):
Mailing	Address			
City		State Zip Code		
				· ·
Outs	tanding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
1) SUBT	OTALS This Period This Page (optional)		····· }	
2) TOTAI	LS This Period (last page this line numbe	r only)		
	L OUTSTANDING LOANS from Schedule	·		
4) AUU 2	2) and 3) and carry forward to appropriate	ane of Summary Page (last page		

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SCHEDU	JLΕ	Ε (FEC	Form	3X)	
ITEMIZED	IND	EPEN	IDENT	EXPE	NDITURE	S

	NDEPENDENT EXPENDITURES				PAGE OF FOR LINE 24 OF FORM 3X
Some	MMITTEE (In Full) PANALLY FOLK 24-hour report 48-hour report	<u> </u>	<u>hu (auut</u> ort □ Amends repo		FEC IDENTIFICATION NUMBER ▼ COUPSUGA
Full Name				L	of Public Distribution/Dissemination
Mailing Ad	dress			[
				Amo	unt
City		State	Zip Code	Date	of Disbursement or Obligation
Purpose of	f Expenditure		Category/ Type] [
Name of F	ederal Candidate		Support	Office Soug	
	dar Year-To-Date Iection for Office Sought	1 I I I I I I I I I I I I I I I I I I I		Disburseme	
Full Name	of Payee		🗌 Memo		of Public Distribution/Dissemination
Mailing Ad	dress			Amo	
City		State	Zip Code	C	
Purpose o	f Expenditure		Category/ Type	Date	of Disbursement or Obligation
Name of F	Federal Candidate	<u></u>	Support Oppose	Office Soug	
	idar Year-To-Date			Disburseme	
(a) SUBTO	TAL of Itemized Independent Expenditures	\$			
(b) SUBTO	TAL of Unitemized Independent Expenditu	ires			
(c) TOTAL	Independent Expenditures				
with, or at th	Ity of perjury I certify that the independen he request or suggestion of, any candidate ittee) any political party committee or its a	e or authorized	reported herein were committee or agent o	not made in If either, or (if	cooperation, consultation, or concert the reporting entity is not a political
Signature	rulege		_ Date	Ŏ.Ÿ	26 2014

FEC Schedule E (Form 3X) Rev. 12/2015

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

(То	be used only	by Political Cor	nmittees in the Gen	eral Election)	FOR LINE 25 C	DF FORM 3X
	<u> </u>	0 ()	$\cap \Lambda$		Check	if
Samp Franch		> 10ti	rcal AE	nun (a	1- 24-hou	ur notice
as your committee been designated to ma pordinated expenditures by a political party			bordinate Committee			
YES, name the designating committee:		Mailing Address				
		City		State	e ZIP Co	ode
Full Name (Last, First, Middle Initial) of	Each Payee		🗌 Memo Item	Purpose of Expe	nditure	Category/
Mailing Address						Туре
City	State	Zip Code	9	Date	• • · · · · · · · · · · · · · · · · · ·	ŶŶŶ
Name of Federal Candidate Supported	Office Sough		State:	Amount		
、 、		Senate Presidentia	District:			
Aggregate General Election Expenditure for this Candidate ►	······································		27.10	-		
Full Name (Last, First, Middle Initial) of	Each Payee		🗌 Memo Item	Purpose of Exper	nditure	
Mailing Address				Date		Category/ Type
City	State	Zip Code	3			ŶŶŶ
Name of Federal Candidate Supported	Office Sough	t: House Senate Presidentia	State: District:	Amount	·	• • • • •
Aggregate General Election Expenditure for this Candidate ►				╡┖┈┺┈┸┉╬╩┉	₩ ₩₩ 75 ₩	
Full Name (Last, First, Middle Initial) of	Each Payee		🗌 Memo Item	Purpose of Exper	nditure	Category/
Mailing Address				 		Туре
City	State	Zip Code	3	Date		ŶŶŶ
Name of Federal Candidate Supported	Office Sough	Senate	State: District:	Amount	* * * *	••
Aggregate General Election Expenditure for this Candidate ►		Presidentia			<u></u>	<u></u> _
SUBTOTAL of Expenditures This Page (op	tional)		•••••		· · · · ·	Ð
TOTAL This Period (last page this line num	nber only)		••••••		• • • • •	0

FEC Schedule F (Form 3X) Rev. 12/2015

PAGE

OF

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) 2nar Cannet 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 or If the committee is spending more than 50% federal funds, indicate ratio below Federal..... Nonfederal This ratio applies to (check all that apply): Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

AI	PAGE OF						
N	Samo Flanchese Co Coutical Action amutilo	· · · · · · · · · · · · · · · · · · ·					
	ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT CTIVITIES APPEARING ON THIS REPORT.						
M	Methods of allocation:						
	 FUNDRAISING activities are allocated using the "funds received method" where the federal prop expenses must equal the federal proportion of monies raised. 	ortion of					
	II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candida tivity. For PACs Only: Direct candidate support includes public communications or voter drives the federal and nonfederal candidates, regardless of whether there is a reference to a political party. are allocated using a time/space method.	ates from the ac- hat refer to both					
	ACTIVITY OR EVENT IDENTIFIER	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:						
	Fundraising Direct Candidate Support %	%					
	New Revised Same as Previously Reported						
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
	ACTIVITY IS:	NONI EDENAL 78					
	Fundraising Direct Candidate Support	~ %					
	CHECK IF THE RATIO IS:						
	ACTIVITY OR EVENT IDENTIFIER						
	ACTIVITY IS:	NONFEDERAL %					
	Fundraising Direct Candidate Support	%					
	New Revised Same as Previously Reported						
	ACTIVITY OR EVENT IDENTIFIER						
	FEDERAL %	NONFEDERAL %					
	ACTIVITY IS:						
	CHECK IF THE RATIO IS:	~~~~%					
	New Revised Same as Previously Reported						
	ACTIVITY OR EVENT IDENTIFIER						
	ACTIVITY IS:	NONFEDERAL %					
	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 / NO	NFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		
Sonnip Franchise		
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RE	CEIVED	
i) Total Administrative		
ii) Generic Voter Drive		
	-	
iv) Direct Fundraising (List Activit	y or Event Identifier)	
a)		
b)		7
	r Direct Fundraising	
v) Direct Candidate Support (Lis	t Activity or Event Identifier)	_
a)		
b)		7
c) lotal Amount Transferred Fo	r Direct Candidate Support	
vi) Public Communications Refer	rring Only to Party (Made by PAC)	
	TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	/ED
TOTAL This Period (Administrative)	······································	
TOTAL This Period (Generic Voter Driv		
		╶╧╾╦┈┹╌┶╌╦┈┹╌┛
TOTAL This Period (Exempt Activities).		
TOTAL This Period (Direct Fundraising)		
TOTAL This Pariod (Direct Condidate S	(unnat)	
TOTAL This Period (Direct Candidate S	Support)	
TOTAL This Period (Public Communica	tions Referring Only to Party)	
TOTAL This Period (Total Amount Trans	sferred)	

FEC Schedule H3 (Form 3X) Rev. 12/2004

PAGE

OF

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S	CHEDULE H4 (FEC Form 3X)			
DI	SBURSEMENTS FOR ALLOC	ATED			FOR LINE 21a OF FORM 3X
N	ME OF COMMITTEE (In Full)	$\overline{0}$		Λι	
· (Enner Flenchoe	<u>LO 10</u>	litel	Achen	
Α.	Full Name (Last, First, Middle Initial)			. 🗌 Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	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/	
	FEDERAL SHARE	+	NONFEDERA	Type L SHARE	= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt 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/ Type	
	FEDERAL SHARE	, + ,	NONFEDERA	L SHARE	= TOTAL AMOUNT
<u>c.</u>	Full Name (Last, First, Middle Initial)	<u> </u>		Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Voter Drive Direct Candidate Support
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier				
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDERA	L SHARE	= TOTAL AMOUNT
s	JBTOTAL of Allocated Federal and NonFeder	al Activity Th	is Page		
	FEDERAL SHARE	┓╹┍┯━	NONFEDERAL	SHARE	= TOTAL AMOUNT
т	DTAL This Period (last page for each line only	y)(Federal sh	are to 21(a)(i) an	d NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE	ריד <u>ר</u>	NONFEDERAL	SHARE	TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 12/2015

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY (To ~

	be used by State, District and Local Party Committees Only)
N	IAME OF COMMITTEE (In Full)
(ENIND FRANCHESS POLITICAL ACTUR Committe
	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 .
	Total Amount Transferred for Voter ID
	iii) GOTV
	Total Amount Transferred for GOTV
	iv) Generic Campaign Activity GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Generic Campaign Activity
	NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED
	BREAKDOWN OF THIS TRANSFER
•	i) Voter Registration
	Total Amount Transferred for Voter Registration
	VOTER ID
	ii) Voter ID Total Amount Transferred for Voter ID
	GOTV
	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)

FEC Schedule H5 (Form 3X) Rev. 02/2003

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FU		·····
FOR ALLOCATED FEDERAL ELECTION ACTIVI		PAGE) OF
(To be used by State, District and Local Party Committe	es Only)	FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (IN FUIL) Samp Flanchese Co P	Litical	Aching Committee
A. Full Name (Last, First, Middle Initial) / Full Organization Name	🗌 Memo Item	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		
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	. Memo Item	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		
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	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		
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page		· · · · · · · · · · · · · · · · · · ·
-	SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) FEDERAL SHARE	and Levin share to	30(a)(ii)) TOTAL AMOUNT
LEVIN	SHARE	
TOTAL This Period for the Levin Share	······································	

FEC Schedule H6 (Form 3X) Rev. 12/2015

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

NAME OF COMMITTEE (IN FUIL) Somme Franchese Cor Politerel Achen Committee			
NAM	E OF ACODUNT		· · · · · · · · · · · · ·
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)		
	(b) Unitemized		
	(c) Total	<u> </u>	
2.	OTHER RECEIPTS		
3.	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID	~	
	(c) GOTV	<u> </u>	
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
7.	BEGINNING CASH ON HAND		
8.	RECEIPTS		
9.	SUBTOTAL (Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND		

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S	CHEDULE L-A (FEC Form 3X)		
ITEMIZED RECEIPTS OF LEVIN FUNDS		Use separate schedule(s) for each category of the	
11	LINIZED RECEIPTS OF LEVIN FUNDS	Aggregation Page	(check only one) 1a 2
	y information copied from such Reports and Statements may not for commercial purposes, other than using the name and address		
$\left \right $	NAME OF COMMITTEE (In Full)	~	$\widehat{}$
\angle		etical Ac	has committee
Α.	Full Name (Lest, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	Occupation		Aggregate Year-to-Date
в.	Full Name (Last, First, Middle Initial) / Full Organization Name	🗌 Memo Item	Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
			Aggregate Year-to-Date
	Occupation		
_	Full Name (Last, First, Middle Initial) / Full Organization Name	🗌 Memo Item	Date of Receipt
C.			
	Mailing Address	-	Annual of Each Desciet this Design
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	Occupation		Aggregate Year-to-Date
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	🛄 Memo Item	Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	Occupation		Aggregate Year-to-Date
	· · ·		
s	UBTOTAL of Receipts This Page (optional)	······	
т	OTAL This Period (last page this line number only)	•	

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IT	CHEDULE L-B (FEC Form 3X) EMIZED DISBURSEMENTS F LEVIN FUNDS	for each	arate schedule(s) category of the tion Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4b 4d	
Ar or	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)	Blet	cal AC	hen Consulto	
Α.	Fuil Name (Lasy First, Middle Initial) / Fuil Organization Name		Memo Item	Date of Disbursement	
	Mailing Address				
	City State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement				
в.	Full Name (Last, First, Middle Initial) / Full Organization Name		Memo Item	Date of Disbursement	
	Mailing Address				
	City State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement			17-1-1-17-1-1-17-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1-17-1-1-1	
<u>с</u> .	Full Name (Last, First, Middle Initial) / Full Organization Name		Memo Item	Date of Disbursement	
	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	<u></u>	Memo Item	Date of Disbursement	
	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		Memo Item	Date of Disbursement	
	Mailing Address				
	City State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement				
s	SUBTOTAL of Disbursements This Page (optional)				
т	OTAL This Period (last page this line number only)		••••••	0	

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	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):	Shipping Date
Next Busine	ess 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
Date of Other (Specify):	Receipt or Postmarked
$\bigcap \mathcal{A}$	513116
PREPARER L/A	DATE PREPARED
(3/2015)	

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