2016-05-03-03-00072520

FEC FORM 3X

Use

Only

REPORT OF RECEIPTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 HAY -3 AH 9: 31

Rev. 12/2004

1.	NAME ()F TEE (in full)	TYPI	E OR PI	RINT ▼		ample: If ty er the lines		12F	E4M5		
5	0 N 1	1415	FRA)	1-	IISE	ÇOM	PIANY	POLJ		CALL	1-1-1	
ADI	Che thar	number and street eck if different in previously orted. (ACC)	13	QI, I	N N F40		81 Q-KL	AVE	MUE EU	32	789	
2.	FEC ID	ENTIFICATIO DYS49	N NUMBE	ER ▼		3. IS THIS REPORT		NEW (N) OR	STATE	AMENDE (A)	ZIP CC	DE ▲
4.	(Choose	Or REPORTONE) One) Interly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Year-End Rep July 31 Mid-Younder Year Only) (M Termination Ref (TER)	ort (Q1) ort (Q2) ort (Q3) ort (YE) ear lection Y)	(d) :	nt Dn: 12-Day PRE-Electic Report for t 80-Day POST-Elect Report for t	Election on		n (12C)	Ge Sp	Aug 20 (M8 Sep 20 (M9 Oct 20 (M10 Ineral (12G) ecial (12S)) 	Special (30S)
5. I ce	Covering ertify that		ed this Re	port an	d to the be	215 est of my kno	through	d belief it is tro	Le, corre	ct and comp) 15 lete.	<u> </u>
Тур		Name of Trea		Bra	ndg z M	n MA Calez	۸ 1		Date	04	23'	2016
NO.		ice	erroneous,	or incor	nplete infor	mation may s	ubject the p	erson signing t	his Repo		Ities of 52	U.S.C. § 30109

2016 - 05 - 03 - 03 - 00072521

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name 61 heal Achea Commetee Report Covering the Period: From: **COLUMN A COLUMN B** Calendar Year-to-Date This Period (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

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

2016 - 05 - 08 - 08 - 00072522

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

	/rite or Type Committee Name	· · · · ·	0-1-1-0	100 -	C
	Sonnep Franche	se lo	101 mag	Achon	(annuettle
R	eport Covering the Period: From:		7015	To: 12	30 2615
	I. Receipts		COLUMN A al This Period		COLUMN B dar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other				
	Than Political Committees (i) Itemized (use Schedule A)		A75.		
	(ii) Unitemized(iii) TOTAL (add				77
	Lines 11(a)(i) and (ii)	773	4 77 4 4 7 7		"75"
	(b) Political Party Committees(c) Other Political Committees		7 .	470	
	(such as PACs)(d) Total Contributions (add Lines				77.5
40	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		473	77	23
12,	Transfers From Affiliated/Other Party Committees			77	272 1 722
13.	All Loans Received		40)	n n	
	Loan Repayments Received Offsets To Operating Expenditures			27	7
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)				
16.	Refunds of Contributions Made to Federal Candidates and Other		-)		
17.	Political Committees Other Federal Receipts		475.		
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		43		
,	(from Schedule H3)			723	435
	(b) Levin Funds (from Schedule H5)		1 72 470	32	72-1-1-5
	(c) Total Transfers (add 18(a) and 18(b))		472 1 572	472	672
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		475		
20.	Total Federal Receipts				
	(subtract Line 18(c) from Line 19)▶		7	679	57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
٥.	(use Schedule E)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
	(use Schedule F)		
26	Loan Repayments Made		
20.	Loan Repaymonto Mado		
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(1) Bulliand Barby Committees		
	(b) Political Party Committees		
	(such as PACs)		
	,		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
20	Other Disbursements		
29.	Other Disbursements	7	
30.	Federal Election Activity (52 U.S.C. § 30101(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	1	
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	23, 24, 23, 26, 27, 26(d), 29 and 36(6))	<u>Liminous U</u>	
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	[The second second
	from Line 31)	L	<u> </u>

(subtract Line 37 from Line 36)

D	F	ΓΔ	Ш	FD	SI	IM	MA	RY	PA	GF
		-				JIVI	IVE	m		\mathbf{u}

of Disbursements

Page 5 COLUMN A COLUMN B **Total This Period** Calendar Year-to-Date

FEC Form 3X (Rev. 02/2003) III. Net Contributions/ **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the result of the	State Zip Code Cocupation Aggregate Year-to-Date	Date of Receipt Amount of Each Receipt this Period Memo Item
Full Name (Last, First, Middle Initial) B. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period Memo Item
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period Memo Item

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

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

SCHEDULE B (FEC Form 3X)

ONLEGGE O (120 TOTAL OX)	Use separate schedule(s)	FOR LINE		PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	by any perso	n for the purpose of solicit contributions from	soliciting contributions om such committee.
NAME OF COMMITTEE (In Full)		. <u> </u>		
1 0	areas Pole	fical	Action (anutico
Full Name (Last) First, Middle Initial)				
.		ĺ	Date of Disburseme	
Mailing Address			M M / D D	
City.	State Zip Code			
Purpose of Disbursement	I		Amount of Each Di	sbursement this Period
Candidate Name	· · · · · · · · · · · · · · · · · · ·	Category/ Type		
Office Sought: House Disburser	nent For:	-77-	Memo Item	
Senate President	Primary General Other (specify) ▼	•	Weillo Kell	
State: District:				
Full Name (Last, First, Middle Initial) 3.			Date of Disburseme	ent ·
Mailing Address			MAN / BEE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address			hentend lenten	I had a second
City	State Zip Code			
Purpose of Disbursement			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser			Memo Item	
Senate President	Primary General Other (specify)			
State: District:	Cities (appeality)	ĺ		
Full Name (Last, First, Middle Initial)			5	
••			Date of Disburseme	ent e , e o e o e o e o u
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type	Amount of Each Di	soursement this renou
Office Sought: House Disburser	ment For:			Anna Tarantana da marita na dia matamania
Senate President	Primary General Other (specify) ▼		Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)		>	James James	
TOTAL This Period (last page this line number only)		············ >		

SCHEDULE C (FEC Form 3X)

PAGE OF Use separate schedule(s) **LOANS** for each category of the FOR LINE 13 OF FORM 3X Detailed Summary Page NAME OF COMMITTEE (In Full) Primary General Other (specify) ▼ Mailing Address ZIP Code City State Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period **TERMS** Date Incurred Date Due Interest Rate Secured: Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address **Amount** ZIP Code Guaranteed State City Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 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

Supplementary for				
information found on				
Page	of Schedule C			

ederal	Election Commission, Washington, D.C. 20463			Page of Schedule C
	OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
	Empfranchese & Potal	oed Achen Com		00454467
	NG INSTI∲UTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Na	ame	7 75		%
Mailing	Address	Date Incurred or Established		
City	State Zip Code	Date Due		
Α.	Has loan been restructured? No Yes	If yes, date originally incurre	d M M	
В.	If line of credit,	Total Outstanding	handan glassian	
	Amount of this Draw:	Balance:		
C.	Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)	1	
D.	Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,		der have a perfected security No Yes
Ē.	Are any future contributions or future receipts of interes	est income, pledged as	What is the	estimated value?
	collateral for the loan? No Yes If yes, s	specify:		
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
	Date account established:	Address:		
	MIM / BIB / VEVIVE	City, State, Zip:		
F.	If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan			
G.	COMMITTEE TREASURER		DATE	
	Typed Name Signature			, <u>0 - 0</u> , <u>0 - 0 - 0</u>
Н.	Attach a signed copy of the loan agreement.			· ·
I.	TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	cluding interest rate) no more fa f comparable credit worthiness. a loan must be made on a basi	avorable at the	time than those imposed for
	ORIZED REPRESENTATIVE		DATE	
Typed Signa	Name	tle	_ NAW	Marsh / Janus De
Signa	uure III	(IE		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

(check only one) 9

NAME OF COMMITTE	E (In Full)		\bigcap	A A A A A A A A A A A A A A A A A A A
Sonny	17000000	selb	tolitica	Q Achea Committee
A. Full Name (Last	t, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):
Moiling Address				
Mailing Address	·			
City State		Zip Code		
Outstanding Bala	nce Beginning This Period			
	7			
Amount Ir	ncurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
		77	An artist 27 house and a state of the state	
B. Full Name (Last,	First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):
	•			
Mailing Address				
City State	<u> </u>	Zip Code		<u> </u>
Outstanding Bala	nce Beginning This Period	<u></u>		
Amount Ir	ncurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	7	7	-53	
C. Full Name (Las	t, First, Middle Initial) of Debt	tor or Creditor		Nature of Debt (Purpose):
Mailing Address				
City		State	Zip Code	
Outstanding Pole	nce Beginning This Period			<u> </u>
Outstanding Bala	nce beginning this rendu			
Amount Ir	ncurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This	Period This Page (optional)		·····	
2) TOTALS This Period	od (last page this line numbe	er only)		•
3) TOTAL OUTSTAN	DING LOANS from Schedule	C (last page or		>
	d carry forward to appropriate			
TI ADD 2) and 3) and	a carry forward to appropriate	s into or outfillia	ry rage (last page only	1 - Landaudina livedandan Timelandan Livedan

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Somep Franchise Potical Ac	her Camitte	0100454469
V V	ort Amends report file	
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
	.	_ , , , , , , , , , , , , , , , , , , ,
Mailing Address		Amount
City State	Zip Code	
	ш,	Insulance Street Insulance The Association of Street Street Street
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	
Name of Federal Candidate	Support Offi	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	bursement For: Primary General
Full Name of Payee	☐ Memo Item	Other (specify) ► Date of Public Distribution/Dissemination
Tuli Name of Fayes		M M / D D / Y Y Y Y Y
Mailing Address		
		Amount
City State	Zip Code	hands and the state of the stat
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	Mam / Dab / Vavavav
Name of Federal Candidate	Support Off	ice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	bursement For: Primary General
	-declarit	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Uniternized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
	•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	reported herein were not a committee or agent of eith	made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Signature	_ Date	19 1 28 1 2016
		

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

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF								
(To be used only by Political Committees in the	General Election) FOR LINE 25 OF FORM 3X							
Samp Franchise Co Potitical A	AME OF COMMITTEE (In Full)							
las your committee been designated to make or Subordinate Committee vordinated expenditures by a political party committee? YES NO YES, name the designating committee: Mailing Address								
City	State ZIP Code							
Full Name (Last, First, Middle Initial) of Each Payee	Category/							
Mailing Address	Type 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 Memo If Mailing Address	tem Purpose of Expenditure Category/ Type							
	Date							
City State Zip Code	M M / O O / V V V V V							
Name of Federal Candidate Supported Office Sought: House State: Senate District: Presidential	Amount							
Aggregate General Election Expenditure for this Candidate ▶	b-mhaodani / Sandanikani / Sandanikani / Sandanikani							
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure Category/							
Mailing Address	Date Type							
City State Zip Code	M M / D D / Y Y Y Y Y							
Name of Federal Candidate Supported Office Sought: House State: Senate District: Presidential	Amount 77							
Aggregate General Election Expenditure for this Candidate ▶								
SUBTOTAL of Expenditures This Page (optional)								

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 FUIL) Schup Franchise Co Political Achan Cannettee 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)

ALLOCATION RATIOS	PAGE (OF)			
NAME OF COMMITTEE (In Full)				
Samp Franchese Co Colitical Action Committee	2			
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.				
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received method" where the federal properties expenses must equal the federal proportion of monies raised. 				
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 candidativity. For PACs Only: Direct candidate support includes public communications or voter drives federal and nonfederal candidates, regardless of whether there is a reference to a political partial are allocated using a time/space method.	dates from the ac- that refer to both			
ACTIVITY OR EVENT IDENTIFIER				
ACTIVITY IS:	NONFEDERAL %			
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%			
The				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS:				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%			
New Revised Same as Previously Reported	·			
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	NON EDETAL 70			
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u> </u>			
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	NON EDETAL 70			
Fundraising Direct Candidate Support %	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	·			
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	TOTAL ESCIPICATION			
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:				
New Revised Same as Previously Reported	·			
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	hashandradeschool			
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

	FOR LINE 18a OF FORM 3X					
Sarun Franchise Coupan Political Adray Countre						
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED					
NAME OFFICE OF RECEIVE	TOTAL AMOUNT THANSI ENTRED					
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 RECE	EIVED					
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)						

PAGE

OF

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED

	SBURSEMENTS FOR ALLOCATED EDERAL/NONFEDERAL ACTIVITY			FOR LINE 21a OF FORM 3X
N	MILE OF COMMITTEE (IN FUII)	(a ()	Achan	Cornulle
A.	Full Name (Last, First, Middle Initial)		☐ Memo Item	Allocated Activity or Event: 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/ Type	Date Date
	FEDERAL SHARE + NONFI	EDERAL	SHARE	= TOTAL AMOUNT
	77			
<u>—</u> 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	Date / Yayyyy
	FEDERAL SHARE + NONF	EDERAL	L	= TOTAL AMOUNT
		4 7		
c.	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:		F	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			
			Category/ Type	Date / Date
	FEDERAL SHARE + NONF	EDERAL	SHARE	= TOTAL AMOUNT
		- 7		7-1-1-7
S	JBTOTAL of Allocated Federal and NonFederal Activity This Page			
	FEDERAL SHARE + NONFE	EDERAL	SHARE	= TOTAL AMOUNT
T	DTAL This Period (last page for each line only)(Federal share to 21	(a)(i) and	NonFederal sha	are to 21(a)(ii))
•			SHARE	TOTAL AMOUNT

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)

			FOR LINE 180 OF FORM 3X
NAME OF CO	MMITTEE (In Full)	A C	
EMMA	+Marches Political	HCMU	Countle
NAME OF	ACCOUNT DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
BREAKDOV	NN OF THIS TRANSFER		
_ i)	Voter Registration	VOTER REGISTE	RATION
	Total Amount Transferred for Voter Registration	andonii?inakaadaaii)in	Acceptant to the second se
ii)	Voter ID	 	OTER ID
	Total Amount Transferred for Voter ID		And The State of t
l iiiv	GOTV		GOTV
""	Total Amount Transferred for GOTV		
l .,	Consider Community Analysis .	Papera plante accept (Plante)	GENERIC CAMPAIGN ACTIVITY
10)	Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	Г	
	, ,	K _{res}	and the continue of
NAME OF A	ACCOUNT DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
	· · · · · · · · · · · · · · · · · · ·	/ 747.747	
	Sectional business	I Incompany Committee	Bearing the second control of the second con
BREAKDO\	WN OF THIS TRANSFER	MOTER REGISTS	A.T.O.
i)	Voter Registration	VOTER REGISTS	ANION
	Total Amount Transferred for Voter Registration		According to the construction
ii)	Voter ID	V	OTER ID
	Total Amount Transferred for Voter ID		
iii)	GOTV	-	GOTV
	Total Amount Transferred for GOTV		
iv	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
,	Total Amount Transferred for Generic Campaign Activity.		
		•	
	TOTALS FOR BREAKDOWN OF TRAN	ISFER RECEIVED (L	ast Page Only)
			
TOTA	L This Period (Voter Registration)		
7074	A This Decied (Many ID)		
IOIA	L This Period (Voter ID)		
TOTA	L This Period (GOTV)		A STATE OF THE PARTY OF THE PAR
	_ ,		
TOTA	L This Period (Generic Campaign Activity)		
		Beco	
TOTA	L 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, District and Local Party Committees Only)

.PAGE		OF	(
FOR LINE	30a	OF	FORM	3X

<u> </u>	<u></u>					
Samp Flanchese Co Political Achin Committee						
A. 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						
Purpose of Disbursement Category/ Type	Date / DID / YYYYY					
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT					
B. 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						
Purpose of Disbursement Category/ Type	Date N M / B B / Y Y Y Y Y Y Y					
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT					
	<u> </u>					
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						
Purpose of Disbursement Category/ Type	Date A A A A A A A A A A A A A A A A A A A					
FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT					
UBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT					
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to						
FEDERAL SHARE	TOTAL AMOUNT					
DTAL This Period for the Levin Share						
مراجع المسترات المستر	Ĩ					

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

NAM	Samp Evanoluse Cor Politicel Achem Committeel						
NAM	NAME 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						
2.	OTHER RECEIPTS		7				
3.	TOTAL RECEIPTS						
	(Add Lines 1c and 2)	inandra adam 27 malamban 29 malamban 22 malamb	to and according to the second control of th				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration						
	, ,						
	(b) Voter ID						
	(c) GOTV						
	(d) Generic Campaign		7 7 7 7				
	(e) Total		7 7 7				
5.	OTHER DISBURSEMENTS	7	7				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)						
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)						
8.	RECEIPTS	7-4-27-4-4-77-4-4-4-77-4-4-4-4-4-4-4-4-4	7-				
	(<u>-</u>						
9.	SUBTOTAL(Add Lines 7 and 8)						
10.	DISBURSEMENTS						
10.	(From Line 6)						
11.	ENDING CASH ON HAND						
	(Subtract Line 10 From Line 9)		hand, and				

616
(<u>)</u> 5
03
000925
70

SCHEDULE L-A (FEC Form 3X)

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

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

2016
- 0 5
0
03-0
00072
540

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:	PAC	βE /	OF	Γ
(check only one)	4a 4b	4	c [5

OI	F LEVIN FUNDS	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 FUII)	Poleto	coal Ac	Non Commetto			
Α.	Full Name (Last) First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement			
	Mailing Address						
	City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period			
— В.	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement			
	Mailing Address			MEM / DED / VYVVV			
	City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period			
_	Full Name (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item				
C.				Date of Disbursement			
	Mailing Address City State	Zip Code		Lateral Lateral Lateral			
	Purpose of Disbursement			Amount of Each Disbursement this Period			
D.	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						
Ε.	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	UBTOTAL of Disbursements This Page (optional)		·····	e e			
Т	OTAL This Period (last page this line number only)		>				

Lathe achievery Federal Electron Commutate 999 E Smeet, NW



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked USPS First Class Mail	Date of Receipt S 13116
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 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):	eceipt or Postmarked
	5/3/16
(3/2015)	DATE PREPARED