

Federal Election Commission

re: FEC 3x filing for C00534016

Sir or Madam,

RECEIVED January 28, 2013

2013 JAN 31 AM 8:39

FEC MAIL CENTER

I am the treasurer for Exposing Marxist PAC, which was formed last fall. Last December we received a letter from the Reports Analysis Division, stating that we had failed to file our FEC Form 3x for the 3<sup>rd</sup> quarter.

We made a call to Reports Analysis, and were told that it would be okay to just mail in the 3<sup>rd</sup> quarter report by the deadline for end-of-year report, January 31, 2013.

Our committee, up to now, has never received or disbursed any funds. I am a novice at fundraising, and this is my first time filling out a Form 3x. I put "zeroes" in the appropriate boxes.

Schedules H through L appear to be forms that are not necessary for my group to fill out. I put the committee name at the top of the page on each of those forms, and left the rest of the page blank.

Enclosed are three Reports: post-general, third quarter, and end-of-year.

Also enclosed is a copy of the letter we received last December, from the Reports Analysis Division.

Yours very truly,  
John Hilt

312-671-0909 (cell)  
4051 S. Sacramento  
Chicago, IL 60632



13031023539



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

*COPY*

RECEIVED

December 14, 2012

2013 JAN 31 AM 8:39

FEC MAIL CENTER RQ-7

JOHN HILT, TREASURER  
EXPOSING MARXISTS PAC  
503 W HAPFIELD DR APT 203  
ARLINGTON HEIGHTS, IL 600047119

IDENTIFICATION NUMBER: C00534016

REFERENCE: POST-GENERAL REPORT 10/26/2012 - 11/26/2012

DEAR TREASURER:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and disbursements or failed to file a report covering the entire reporting period as required by the Federal Election Campaign Act, as amended.

It is important that you file this report immediately with the Federal Election Commission, 999 E Street, N.W., Washington, DC 20463. Please note that electronic filers must submit their reports electronically, as per 11 CFR §104.18. A copy of the report or relevant portions must also be filed with the Secretary of State or equivalent State officer unless the State is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at [www.fec.gov](http://www.fec.gov).

The failure to timely file a complete report may result in civil money penalties, an audit or legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report. Due to heightened security screening measures, delivery of mail by the US Postal Service may be delayed. The Commission recommends that you submit your report via overnight delivery or courier service.

If you have any questions regarding this matter, please contact Sari Pickerall in the Reports Analysis Division on our toll free number (800)424-9530. Our local number is (202)694-1130.

Sincerely,

*Debbie Chacona*

Debbie Chacona  
Assistant Staff Director  
Reports Analysis Division (RAD)

13031023540



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Exposing Marxists PAC*

Report Covering the Period:

From:

1.1 ' 0.8 ' 20.12

To:

1.2 ' 0.7 ' 20.12

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		000.0
(b) Cash on Hand at Beginning of Reporting Period.....	000.0	
(c) Total Receipts (from Line 19).....	000.0	000.0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	000.0	000.0
7. Total Disbursements (from Line 31).....	000.0	000.0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	000.0	000.0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000.0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000.0	



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

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**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Exposing Marxists PAC

Report Covering the Period:

From:

11 ' 08 ' 2012

To:

12 ' 07 ' 2012

**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).....

0000

0000

(ii) Unitemized.....

0000

0000

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

0000

0000

**(b) Political Party Committees.....**

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

**13. All Loans Received.....**

0000

0000

**14. Loan Repayments Received.....**

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

**18. Transfers from Non-Federal and Levin Funds**

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

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

13031023543

**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**

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 .....	0.000	0.000
(ii) Non-Federal Share.....	0.000	0.000
(b) Other Federal Operating Expenditures .....	0.000	0.000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.000	0.000
22. Transfers to Affiliated/Other Party Committees.....	0.000	0.000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.000	0.000
24. Independent Expenditures (use Schedule E).....	0.000	0.000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.000	0.000
26. Loan Repayments Made.....	0.000	0.000
27. Loans Made.....	0.000	0.000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.000	0.000
(b) Political Party Committees .....	0.000	0.000
(c) Other Political Committees (such as PACs).....	0.000	0.000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.000	0.000
29. Other Disbursements .....	0.000	0.000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.000	0.000
(ii) "Levin" Share.....	0.000	0.000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.000	0.000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... ▶	0.000	0.000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.000	0.000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... ▶	0.000	0.000

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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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) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000

**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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
**Exposing Marxists PAC**

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

00.00

0.000

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**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

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
*Exposing Marxists PAC*

**A.**

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:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**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:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**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:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="0000"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="0000"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031023548

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Exposing Marxists PAC</i>		FEC IDENTIFICATION NUMBER <b>C 0 0 5 3 4 0 1 6</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address		Date Incurred or Established MM / DD / YYYY	
City	State	Zip Code	Date Due MM / DD / YYYY
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred MM / DD / YYYY	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
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 on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the value of this collateral? _____  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
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: _____			What is the estimated value? _____
A depository account must be established pursuant to 11 CFR 100.82(a)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY		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 <i>John Hilt</i> Signature <i>John Hilt</i>		DATE <b>01 / 28 / 2013</b>	
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 MM / DD / YYYY	
Title			

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

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

PAGE 9 OF 10  
 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

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).....▶	<u>0.000</u>
2) TOTALS This Period (last page this line number only).....▶	<u>0.000</u>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<u>0.000</u>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<u>0.000</u>

13031023550

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

NAME OF COMMITTEE (In Full) **Exposing Marxists PAC**      FEC IDENTIFICATION NUMBER **C00534016**

Check if  24-hour report    48-hour report    New report    Amends report filed on

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_ Date MM / DD / YYYY

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_ Category/Type \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought \_\_\_\_\_

Office Sought:  House    Senate    President   State: \_\_\_\_\_ District: \_\_\_\_\_

Check One:  Support    Oppose

Disbursement For:  Primary    General    Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_ Date MM / DD / YYYY

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_ Category/Type \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought \_\_\_\_\_

Office Sought:  House    Senate    President   State: \_\_\_\_\_ District: \_\_\_\_\_

Check One:  Support    Oppose

Disbursement For:  Primary    General    Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... **0000**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... **0000**

(c) TOTAL Independent Expenditures..... **0000**

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 *Alan Hill*      Date **01 / 28 / 2013**

13031023551

**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**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  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  
 Mailing Address  
 City State Zip Code  
 Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:  
 Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure  
 Date  
 Amount  
 Category/Type

Full Name (Last, First, Middle Initial) of Each Payee  
 Mailing Address  
 City State Zip Code  
 Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:  
 Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure  
 Date  
 Amount  
 Category/Type

Full Name (Last, First, Middle Initial) of Each Payee  
 Mailing Address  
 City State Zip Code  
 Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:  
 Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure  
 Date  
 Amount  
 Category/Type

SUBTOTAL of Expenditures This Page (optional).....▶ *00.00*  
 TOTAL This Period (last page this line number only).....▶ *00.00*

13031023552

**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)

*Exposing Marxists PAC*

**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

13031023553

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

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

**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.

13031023554

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	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %

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

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

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).....	

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

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

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

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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)

PAGE  OF   
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

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

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER 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.....

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

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER 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 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).....

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**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)

*Exposing Marxists PAC*

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 TOTAL AMOUNT

\_\_\_\_\_

TOTAL This Period for the Levin Share

LEVIN SHARE

\_\_\_\_\_

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

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

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)

**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)

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**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:  1a  2  
(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)

*Exposing Marxists PA*

Full Name (Last, First, Middle Initial) / Full Organization Name

**A.**

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

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

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

Subtotal field

Total field

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

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

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)

*Exposing Marxists PAC*

Full Name (Last, First, Middle Initial) / Full Organization Name

**A.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period  
\_\_\_\_\_

**B.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period  
\_\_\_\_\_

**C.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period  
\_\_\_\_\_

**D.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period  
\_\_\_\_\_

**E.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period  
\_\_\_\_\_

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

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

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
1/28/13  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail 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): Date of Receipt or Postmarked

  
PREPARER

1/31/13  
DATE PREPARED

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