

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 APR 18 AM 8:03
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

EVERPOWER WIND HOLDINGS INC PAC

ADDRESS (number and street)

11251 WATERFRONT PLACE

Check if different than previously reported. (ACC)

PITTSBURGH

PA

15222-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00490904

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(e) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day POST-Election Report for the:
- | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on _____ in the State of _____

5. Covering Period

01 01 2016 through 03 31 2016

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

Type or Print Name of Treasurer Rebecca Newmar

Signature of Treasurer *Rebecca Newmar*

Date 04 12 2016

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ever Power Wind Holdings, Inc. PAC

Report Covering the Period: From: To:

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | | <input type="text" value="5,017.94"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5,017.94"/> | |
| (c) Total Receipts (from Line 19)..... | <input type="text" value="1,956.00"/> | <input type="text" value="1,956.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="6,973.94"/> | <input type="text" value="6,973.94"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="5,000.00"/> | <input type="text" value="5,000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1,973.94"/> | <input type="text" value="1,973.94"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text"/> | |

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

EverPower Wind Holdings, Inc. PAC

Report Covering the Period: From:

01 / *01* / *2016*

To:

03 / *31* / *2016*

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)..... | <i>600.00</i> | <i>600.00</i> |
| (ii) Unitemized..... | <i>1,356.00</i> | <i>1,356.00</i> |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | <i>1,956.00</i> | <i>1,956.00</i> |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | <i>1,956.00</i> | <i>1,956.00</i> |
| 12. Transfers From Affiliated/Other Party Committees..... | | |
| 13. All Loans Received..... | | |
| 14. Loan Repayments Received..... | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | | |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (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)).....▶ | <i>1,956.00</i> | <i>1,956.00</i> |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | <i>1,956.00</i> | <i>1,956.00</i> |

1-800-438-8030

**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 Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,000.00 | 2,000.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (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 | 3,000.00 | 3,000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 5,000.00 | 5,000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 5,000.00 | 5,000.00 |

2010 RELEASE UNDER E.O. 13526

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 1-9,560-00 | 19,560-00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1-9,560-00 | 19,560-00 |
| 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 (subtract Line 37 from Line 36) | | |

1251510000 1 INE 1 COI 1 150 1 01-01-02

**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 checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | | <input type="checkbox"/> 17 |

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)
EverPower Wind Holdings, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Spencer, James

Mailing Address
5131 Pembroke Place

City *Pittsburgh* State *PA* Zip Code *15232*

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

Name of Employer *EverPower Wind Holdings, Inc.* Occupation *CEO*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt *Payroll Deduction*

Amount of Each Receipt this Period
600.00

Memo Item

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

Memo Item

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

Memo Item

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

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

**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 1 OF 1 |
| | <input type="checkbox"/> 21b <input type="checkbox"/> 27 | <input type="checkbox"/> 22 <input type="checkbox"/> 28a | <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b | <input type="checkbox"/> 24 <input type="checkbox"/> 28c | <input type="checkbox"/> 25 <input type="checkbox"/> 29 | <input type="checkbox"/> 26 <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)
EverPower Wind Holdings, LLC.

A.

Full Name (Last, First, Middle Initial)
Kate McGinty for Senate

Mailing Address
PO Box 22447

City *Philadelphia* State *PA* Zip Code *19110*

Purpose of Disbursement
Contribution

Candidate Name
Kate McGinty

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
03 / 10 / 2016

Amount of Each Disbursement this Period
2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... *2000.00*

TOTAL This Period (last page this line number only)..... *2000.00*

SCHEDULE C (FEC Form 3X)

LOANS

| | | |
|-------------------------------------------------------------------------|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
| | FOR LINE 13 OF FORM 3X | |

NAME OF COMMITTEE (In Full)

| | | |
|-----------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) | <input type="checkbox"/> Memo Item | 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 |
| | | |

| | | | | |
|--------------|---------------|----------|---------------|----------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | | | % (apr) | <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: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed 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.

20160101 10:00:00 AM

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) | FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 90%;">C</div> |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan <div style="border: 1px solid black; width: 95%; height: 15px;"></div> | Interest Rate (APR) <div style="border: 1px solid black; width: 95%; height: 15px;"></div> % |
|-------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

| | | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Mailing Address | Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> </div> | |
| City State Zip Code | Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> </div> | |

A. Has loan been restructured? No Yes If yes, date originally incurred / /

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No 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? <div style="border: 1px solid black; width: 95%; height: 15px;"></div> 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? <div style="border: 1px solid black; width: 95%; height: 15px;"></div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G. COMMITTEE TREASURER Typed Name Signature | DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> </div> |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> / <div style="border: 1px solid black; width: 20%; height: 15px;"></div> </div> |
| Title | |

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

NAME OF COMMITTEE (In Full)

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

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

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

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

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

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

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

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

PAGE OF
FOR LINE 24 OF FORM 3X

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| NAME OF COMMITTEE (in Full) <input style="width:95%;" type="text"/> | FEC IDENTIFICATION NUMBER ▼ C <input style="width:95%;" type="text"/> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee <input style="width:95%;" type="text"/> <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> |
| Mailing Address <input style="width:95%;" type="text"/> | Amount <input style="width:95%;" type="text"/> |
| City <input style="width:20%;" type="text"/> State <input style="width:15%;" type="text"/> Zip Code <input style="width:15%;" type="text"/> | Date of Disbursement or Obligation <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> |
| Purpose of Expenditure <input style="width:40%;" type="text"/> Category/Type <input style="width:10%;" type="text"/> | Name of Federal Candidate <input style="width:40%;" type="text"/> <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate <input style="width:40%;" type="text"/> <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <input style="width:10%;" type="text"/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input style="width:10%;" type="text"/> |
| Calendar Year-To-Date Per Election for Office Sought <input style="width:40%;" type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input style="width:10%;" type="text"/> |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee <input style="width:95%;" type="text"/> <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> |
| Mailing Address <input style="width:95%;" type="text"/> | Amount <input style="width:95%;" type="text"/> |
| City <input style="width:20%;" type="text"/> State <input style="width:15%;" type="text"/> Zip Code <input style="width:15%;" type="text"/> | Date of Disbursement or Obligation <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> |
| Purpose of Expenditure <input style="width:40%;" type="text"/> Category/Type <input style="width:10%;" type="text"/> | Name of Federal Candidate <input style="width:40%;" type="text"/> <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate <input style="width:40%;" type="text"/> <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <input style="width:10%;" type="text"/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input style="width:10%;" type="text"/> |
| Calendar Year-To-Date Per Election for Office Sought <input style="width:40%;" type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input style="width:10%;" type="text"/> |

| | |
|-----------------------------------------------------------|-----------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input style="width:95%;" type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input style="width:95%;" type="text"/> |
| (c) TOTAL Independent Expenditures.....▶ | <input style="width:95%;" type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date / /

2015-01-13 10:00:00

**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**

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

PAGE OF
 FOR LINE 25 OF FORM 3X

| | |
|-----------------------------|-----------------------------------------------------|
| NAME OF COMMITTEE (In Full) | <input type="checkbox"/> Check if 24-hour notice |
|-----------------------------|-----------------------------------------------------|

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

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

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

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

| | |
|-----------------------------------------------------------|----------------------|
| SUBTOTAL of Expenditures This Page (optional).....▶ | <input type="text"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (check one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... \$

Nonfederal..... \$

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p>_____ %</p> | <p>NONFEDERAL %</p> <p>_____ %</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p>_____ %</p> | <p>NONFEDERAL %</p> <p>_____ %</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p>_____ %</p> | <p>NONFEDERAL %</p> <p>_____ %</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p>_____ %</p> | <p>NONFEDERAL %</p> <p>_____ %</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p>_____ %</p> | <p>NONFEDERAL %</p> <p>_____ %</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p>_____ %</p> | <p>NONFEDERAL %</p> <p>_____ %</p> |

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

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full) _____

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | | |

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)

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

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) Memo Item **Allocated Activity or Event:**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

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) Memo Item **Allocated Activity or Event:**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

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 185 OF FORM 3X

NAME OF COMMITTEE (In Full) _____

| 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**
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.....

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

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

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

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

TOTAL This Period (GOTV).....

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

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

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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)

| | | | |
|--------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|--------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|--------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

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

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

| NAME OF COMMITTEE (In Full) | | |
|----------------------------------------------------------------------------|-------------------------------|--------------------------|
| NAME OF ACCOUNT | | |
| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | | |
| (b) Unitemized | | |
| (c) Total | | |
| 2. OTHER RECEIPTS | | |
| 3. TOTAL RECEIPTS | | |
| (Add Lines 1c and 2) | | |
| 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) | | |

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

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

PAGE OF

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

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NAME OF COMMITTEE (In Full)

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

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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

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NAME OF COMMITTEE (In Full)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> | <p>Date of Disbursement</p> <p>____ / ____ / _____</p> |
| <p>Amount of Each Disbursement this Period</p> <p>_____</p> | |
| <p>B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> | <p>Date of Disbursement</p> <p>____ / ____ / _____</p> |
| <p>Amount of Each Disbursement this Period</p> <p>_____</p> | |
| <p>C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> | <p>Date of Disbursement</p> <p>____ / ____ / _____</p> |
| <p>Amount of Each Disbursement this Period</p> <p>_____</p> | |
| <p>D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> | <p>Date of Disbursement</p> <p>____ / ____ / _____</p> |
| <p>Amount of Each Disbursement this Period</p> <p>_____</p> | |
| <p>E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> | <p>Date of Disbursement</p> <p>____ / ____ / _____</p> |
| <p>Amount of Each Disbursement this Period</p> <p>_____</p> | |
| <p>SUBTOTAL of Disbursements This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p> | <p>_____</p> <p>_____</p> |

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Postmarked

USPS Registered/Certified Postmarked (R/C)
4/12/16

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): Date of Receipt or Postmarked

PREPARER
(3/2015)



4/18/16
DATE PREPARED

14-00000-1001-150-01-01