2016 : 05 : 04 : 05 : 00072544

FEC FORM 3X

Only

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

2016 Aprice vie off 9: 31

Rev. 12/2004

	ME OF MMITTEE (in full)	TYPE OF	R PRINT ▼		ample: If typi er the lines.	ing, type	12FE4M]	
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-	Check if different than previously reported. (ACC)	135F			' 	ANG	NUE EL	32.75	39-	
2. FEG	DOUSYY.	NUMBER V		3. IS THIS REPORT		New (N) OR	STATE A	MENDED	IP CODE	
(Cho	PE OF REPORT Pose One) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elec Year Only) (MY) Termination Report (TER)	t (Q1) (c) t (Q2) t (Q3) t (YE) r ction (d)	12-Day PRE-Election Report for the state of	Election on		(12C)	Sep	(12S) i i 30R)	n the State of	lov 20 (M11) lon-Election ear Only) loc 20 (M12) lon-Election ear Only) an 31 (YE) unoff (12R) pecial (30S)
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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<u>ن</u>	>crny	EU	rench	esc.	60	Political	40	Mas	Com	nette
Rep	oort Covering th		From:	6.0	6.1	20.16	Tọ:	03	<u>'</u> 31	Long
				·		COLUMN A This Period		Cale	COLUMN ndar Year-	_
6. (a) Cash on Ha Januan							and the second second	andrews and a	
(1	b) Cash on Ha Beginning o		Period			de come de com				
((c) Total Receip	ots (from Lir	ne 19)		en e	and the second s		and the second		
(4	d) Subtotal (ac 6(c) for Cole 6(a) and 6(c	umn A and	Lines		y and and the	ganagan ganggan kanagan panggan ag		nougues process	4 1 23	टाक्ट्रांस्ट अस्त्राह्म स्टास्ट
7. T	otal Disburseme	ents (from L	ine 31)					nationalisme		
P	ash on Hand a Reporting Period Subtract Line 7	I	(d))		28	general personal per				
· th	ebts and Obligate Committee (Inchedule C and/	Itemize all c	n		mangamagnasa banada sa Shana	and the second s			·	
th	rebts and Obligate Committee (I chedule C and/	temize all o	n i		processing and the second of t	generatificans of second phinosoft second principles		ν.		
	This committe	ee has qual	ified as a r	nulticandida	te committe	ee. (see FEC FORM 1M	M)			
	-			For f	urther in	formation contact:			 	
					999 E	ction Commission Street, NW on, DC 20463				
						800-424-9530 02-694-1100				

2016 : 05 : 08 : 08 : 00072546

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name =1 Heal Achen Connette Franchese lo Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) , Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (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) 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))....... 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

2016 - 05 - 07 - 08 - 00072547

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Schub Flanc	hise Coupany Politico	I Achas Connette
Report Covering the Period: From:	67 16 2015 TO	ED LE 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7. Total Disbursements (from Line 31)		a management and a management of the second
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

2016 - 05 - 0M - 00072548

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or	Type Committee Name	•	O . 1	0 (`	O 41.
S	crup Franch	esc One	pany Politice	el U	lotion	Committee
Report (U Covering the Period: From:		2613	To:	FD / B	8 2015
	I. Receipts		COLUMN A otal This Period			UMN B Year-to-Date
(a) I (b) F (c) ((d) 1 12 Trans Party	ibutions (other than loans) From: Individuals/Persons Other Inan Political Committees I) Itemized (use Schedule A) III) Unitemized IIII) TOTAL (add Lines 11(a)(i) and (ii) Political Party Committees Such as PACs) Individual Contributions (add Lines 1(a)(iii), (b), and (c)) (Carry Interpolation (Contribution (Contri				7	
	pans Received] -		<u> </u>
15. Offse (Refu (Carry	Repayments Receivedts To Operating Expenditures ands, Rebates, etc.) 7 Totals to Line 37, page 5)					
to Fe Politic	nds of Contributions Made deral Candidates and Other cal Committees					
(Divid 18. Trans (a) No	Federal Receipts ends, Interest, etc.) fers from Non-Federal and Levin Fun on-Federal Account from Schedule H3)	ds			1 2	
	evin Funds (from Schedule H5)				121	
12, 1	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))▶ Federal Receipts					
	act Line 18(c) from Line 19)	72				9

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)		Carefulli Tourito Bate
	(i) Federal Share		7.
	(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		
	CommitteesContributions to		
_0.	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(52 U.S.C. § 30116(d)) (use Schedule F)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
26.	Loan Repayments Made	1	
	Loans Made Refunds of Contributions To:		
20.	(a) Individuals/Persons Other		
	Than Political Committees		
	<u>.</u>		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	ī		
29.	Other Disbursements		
30	Federal Election Activity (52 U.S.C. § 30101(20	0))	
••.	(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,		
01.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		\sim
	20, 21, 20, 20, 21, 20(d), 20 and 00(0))		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		- Andread - Andr
	from Line 31)	\cup	\mathcal{U}
	•		handa da 72 de de de 18 de

DETAILED SUMMARY PAGE

of Disbursements

Page 5

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

	•			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
<u>~</u>	NAME OF COMMITTEE (In Full)		^	Poleered achas Camte
\angle	Full Name (Last, First) Middle Initial)	ense	. COMponer 1	Cherca Willia Cant
A.	Turi varie (Last, 1 iis) wiede iiittary		· · · · · · · · · · · · · · · · · · ·	Date of Receipt
	Mailing Address			Maw / Dad / Assassa
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Mailing Address City	Date of Receipt		
	FEC ID number of contributing federal political committee.	C :		Amount of Each Receipt this Period
	Name of Employer Receipt For: Primary General	Occupation Aggregate	Year-to-Date ▼	Memo Item
	Other (specify) ▼		<u> </u>	
C.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	C :		Amount of Each Receipt this Period
	Name of Employer Receipt For:	Occupation Aggregate	Year-to-Date ▼	Memo Item
	Primary General Other (specify)	33.53.10		

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

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

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

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE N		PAGE	OF
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 	☐ 24 ☐ 25	<u> </u>
	Detailed Summary Page	27	28a 28b	28c 29	30b
Any information copied from such Reports and Staterr or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any political	by any person committee to	n for the purpose o solicit contributions	f soliciting contribution such commi	utions ttee.
NAME OF COMMITTEE (In Full)					
Some Capabian	Que pray Pole	Linal	Aption	Carritt	?^
Full Name (Last) First, Middle Initial)	July Bary 104	1 reac	1 1 (110)	<u>. www.cc</u>	9
1.	V V		Date of Disburser	ment	
			Mam / Da	0 / 7 * 7 * 7	F 🗸
Mailing Address					}
City. S	State Zip Code				
Purpose of Disbursement					
Candidate Name		البب	Amount of Each	Disbursement this	Period
Gandidato Manie	'	Category/ Type			
Office Sought: House Disbursen	_		Memo Item		
	Primary General		Wellio item		
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)				•	
3.			Date of Disburser	ment	
			M M / D M	6 / ****	-
Mailing Address				_	
City	State Zip Code				
Purpose of Disbursement	-				
O Fd-6- Na			Amount of Each	Disbursement this	Period
Candidate Name		Category/ Type		2 400 1 1	
Office Sought: House Disbursen	nent For:	.,,,,	Memo Item		
	Primary General		weno tem		
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
. an Hamo (East, Frist, Middle Hillian)			Date of Disburse	ment	
-	·		H M / DB	D / Y 1 Y 1 Y	لما
Mailing Address					
City	State Zip Code		······································		
Purpose of Disbursement					
Candidata Nama			Amount of Each	Disbursement this	Period
Candidate Name	7	Category/ Type			-
Office Sought: House Disbursen	nent For:	.,,,,	ferrole and the state of the st		
	Primary General		Memo Item		
State: District:	Other (specify) ▼				
Gate. District.			 		
SUBTOTAL of Disbursements This Page (optional)		>			. 0
TOTAL This Period (last page this line number only)		<u>-</u>			. 0

SCHEDULE C	(FEC	Form	3X)
LOANS			

PAGE OF Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X Detailed Summary Page NAME OF COMMITTEE (In Full) LOAN SOURCE Full Name (Last, First, Middle Initial) Primary General Other (specify) ▼ Mailing Address State ZIP Code City Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan TERMS Date Due Interest Rate Secured: Date Incurred Yes No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address **Amount** Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional).....

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

TOTALS This Period (last page in this line only).....

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established State Zip Code City Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: 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 DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: 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. 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. 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 DATE Typed Name Signature Title

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

п.	
	9
	10

Somme of committee (In Full) Somme Franchise (I)	Political Achen Committee
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	Notice of Dobt (Dunca)
B. Full Maine (Last, First, Middle Initial) of Debtor of 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 Zi	p Code
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment	This Period Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (optional)	• D
TOTALS This Period (last page this line number only)	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
ADD 2) and 3) and carry forward to appropriate line of Summary Pa	ige (last page only)▶

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Somep Franchise Potical Ac	hu Camit	ta 000454462
Check if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
Full Name of Payee	☐ Memo	Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	4-4-4-1	Disbursement For:
Full Name of Payee	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	Mam / Dab / Yayayay
Name of Federal Candidate	Support	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		· >
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	reported herein were committee or agent of	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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

O١	BEHALF OF CANDIDATES FOR FEL	DERAL OFFIC	E		PAGE	OF
	(To be used onl	y by Political Cor	nmittees in the Gene	eral Election)	FOR LINE 2	5 OF FORM 3X
(ME OF COMMITTEE (IN FUII) SCHULD FRANCHISE (o Potil	wal Acl	nun Can	Cho 24-	eck if hour notice
cod	s your committed been designated to make ordinated expenditures by a political party committee? YES NO		bordinate Committee			_
If Y	ES, name the designating committee:	Mailing Address				
		City	_	Stat	e ZIP	Code
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	nditure	Category/ Type
	Mailing Address			Date		туре
	City State	e Zip Code	e .	ا است		V • V • V
	Name of Federal Candidate Supported Office Sou	· -	State:	Amount		
		Senate Presidenti	District:			
	Aggregate General Election Expenditure for this Candidate	7	-7-	hadeafe 35		henden I Surband
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	inditure	Category/
	Mailing Address			Date		Туре
	City State	e Zip Code	9			· · · · · ·
	Name of Federal Candidate Supported Office Sout	Senate	State:	Amount		
	Aggregate General Election Expenditure for this Candidate ▶	Presidenti	al I		<u></u>	
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	nditure	Category/
	Mailing Address			Date		Туре
	City State		9	N 7 7 7	/ /	7 4 7
	Name of Federal Candidate Supported Office Sou	ght: House Senate Presidenti	State:	Amount		
	Aggregate General Election Expenditure for this Candidate ▶					
SI	JBTOTAL of Expenditures This Page (optional)		· • • • • • • • • • • • • • • • • • • •			\mathcal{O}
TO	OTAL This Period (last page this line number only)					0

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) Schup Franchise Co Political Achan Cannettee
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal %
This ratio applies to (check all that apply):
1

SCHEDULE H2 (FEC Form 3X)

LLOCATION RATIOS				
NAME OF COMMITTEE (IN FUII) Samo Flanchese Co Collical Action amountle) ,			
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.				
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received method" where the federal prop expenses must equal the federal proportion of monies raised. 	ortion of			
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candidativity. For PACs Only: Direct candidate support includes public communications or voter drives the federal and nonfederal candidates, regardless of whether there is a reference to a political party, are allocated using a time/space method.	ates from the ac- hat refer to both			
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support %	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support %	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support %	. %			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support %	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support %	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support %	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				

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

		·	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	0 (, ,)	N . 0 -1	_
Sommy Franchise Co	upray tolinad	Achen Commel	٩
NAME OF ACCOUNT	DATE OF RECEIPT	TO'	TAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVE	l		
i) Total Administrative			7
ii) Generic Voter Drive			
iii) Exempt Activities			7
iv) Direct Fundraising (List Activity or Ev	ent Identifier)		
		+-+-+-	·
a)			
b)			
c) Total Amount Transferred For Direct		<u> </u>	
v) Direct Candidate Support (List Activit	y or Event Identifier)		
a)			
h)			
b)		 	
c) Total Amount Transferred For Direct	Candidate Support	L.	
vi) Public Communications Referring O	nly to Party (Made by PAC)		77-
	ALS FOR BREAKDOWN OF TRAN		
·		<u> </u>	
TOTAL This Period (Administrative)			· ·
TOTAL This Period (Generic Voter Drive)		<u> </u>	
TOTAL This Decied (Evenue Astinities)			
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)		. <u>L </u>	
TOTAL This Period (Direct Candidate Support)			
10 1110 1 01100 (Direct Candidate Support)			
TOTAL This Period (Public Communications R	eferring Only to Party)		
TOTAL This Period (Total Amount Transferred)			

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL (NONFEDERAL ACTIVITY

FE	DERAL/NONFEDERAL ACTIVI	ΙΥ			FOR LINE 21a OF FORM 3X
N	MIE OF COMMITTEE (In Full)	201	1000	Arban	Cormille
_	energ Filenchal	<u>010</u> 1	MULL		Allocated Activity or Event:
٦.	Full Name (Last, First, Middle Initial)			Memo Item	Administrative Fundraising Exempt
	Mailing Address		:		
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
		· · · · · · · · · · · · · · · · · · ·			
	Activity or Event Identifier:			Category/	M + M / D + D / V + V + V + V
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	Full Name (Last First Middle Initial)		na / remineral line (line) na	☐ Memo Item	Allocated Activity or Event:
3.	Full Name (Last, First, Middle Initial)			☐ Memo nem	Administrative Fundraising Exempt
	Mailing Address	-	<u></u>		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
			Zip code		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				Allocated Notify of Event Tear-10-Bate
	Activity or Event Identifier:				
	Activity or Event Identifier:			Category/	Maw / Dan / Asasas
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
<u> </u>	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
••	, on reality			momo nom	Administrative Fundraising Exempt
	Mailing Address		•	<u> </u>	Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
			<u>'</u>	,	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	Mam , laral , Lararay
					Date
	FEDERAL SHARE	+	NONFEDERAL	. SHAHE	TOTAL AMOUNT
			7	<u> </u>	
~	IDTOTAL of Allegated Foderel and New Todays	A saturiar . Their	. D	-	
50	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		<u></u>	7 7 7	7 7 7	2 10 11 2 11 11 11
TO	TAL This Period (last page for each line only)(Federal cho	re to 21/a\/i\ c=	d NonFoders' sh	are to 21(a)(ii)
10	FEDERAL SHARE	reuerai sna	re to 21(a)(i) and NONFEDERAL		are to 21(a)(ii)) TOTAL AMOUNT
					
				-4-4-7-A	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

				FOR LINE 180 OF FORIVI 3X
<u>N</u>	IAME OF COMMIT	TEE (In Full) Man aless Political	Achia	Cannotte
	NAME OF ACCOL			TOTAL AMOUNT TRANSFERRED
	BREAKDOWN O	F THIS TRANSFER		
	•	r Registration Amount Transferred for Voter Registration	VOTER REGIST	RATION
	ii) Voter Total	r ID Amount Transferred for Voter ID	And the second s	OTER ID
	iii) GOT	V Amount Transferred for GOTV		GOTV
	iv) Gene	eric Campaign Activity Amount Transferred for Generic Campaign Activity	la marati sa araba.	GENERIC CAMPAIGN ACTIVITY
	NAME OF ACCOU	DATE OF RECEIP	T / Y • Y • Y • Y	TOTAL AMOUNT TRANSFERRED
		F THIS TRANSFER r Registration	VOTER REGISTI	RATION
		Amount Transferred for Voter Registration		OTER ID
	ii) Votei Total	Amount Transferred for Voter ID		oon/
	iii) GOT Total	V Amount Transferred for GOTV		GOTV
		eric Campaign Activity Amount Transferred for Generic Campaign Activity	,	GENERIC CAMPAIGN ACTIVITY
		TOTALS FOR BREAKDOWN OF TRA	NSFER RECEIVED (L	ast 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)		

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

.PAGE	ŀ	OF		,	
FOR LINE	30a	OF	FOR	V	3X

		
Samp Flanduse CO POL	itical Achin	Committo
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item Type of Allocated Ac	tivity or Event:
Mailing Address	Allocated Activity	y or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type Date	/ Y . Y . Y . Y
FEDERAL SHARE + LEVIN SHA	RE = TO	TAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item Type of Allocated Activities Voter Registration Voter ID	•
Mailing Address	Allocated Activity	y or Event Year-To-Date
City State Zip Code	Landa Table	
Purpose of Disbursement	Category/ Type Date	/ / / / / / / / / / / / / / / / / / / /
FEDERAL SHARE + LEVIN SHA	RE = TO	TAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item Type of Allocated Activities Voter Registration Voter ID	
Mailing Address	Allocated Activity	y or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type Date	/ / / / / / / / / / / / / / / / / / / /
FEDERAL SHARE + LEVIN SHA		TAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA	RE = TO	TAL AMOUNT
TEDERAL STARL T LEVIN STA		TAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE		TAL AMOUNT
LEVIN SHA	RE	7
TOTAL This Period for the Levin Share		

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)	Con Polition V	Jehren Committee
NAM	E OF ACODUNT	41 William A	CIPAT CUMMITICE
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	
	(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	7 7 7	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		77
7.	BEGINNING CASH ON HAND(Ior Column 8, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		77-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
9.	SUBTOTAL		
10.	DISBURSEMENTS		
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

FOR LINE NUMBER: (check only one)

OF

rson for the purpose of soliciting contributions

PAGE

An or	by information copied from such Reports and Statements may refor commercial purposes, other than using the name and address.	not be sold or in ess of any poli	used by any person tical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
$\Big\rangle$	NAME OF COMMITTEE (In Full) Sorry Franchese Co PC	letic	al Ac	has Committee
Α.	Full Name (Lest, First, Middle Initial) / Full Organization Name		Memo Item	Date of Receipt
	Mailing Address			Amount of Each Descrit this Design
	City	ate	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			
— В.	Full Name (Last, First, Middle Initial) / Full Organization Name	•	☐ Memo Item	Date of Receipt
	Mailing Address			Amount of Each Provided in Section 1
	City	ate	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation	-		
С.	Full Name (Last, First, Middle Initial) / Full Organization Name	,	☐ Memo Item	Date of Receipt
	Mailing Address			Amount of Each Descript V. D. C.
	City	ate	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			
—. D.	Full Name (Last, First, Middle Initial) / Full Organization Name	•	Memo Item	Date of Receipt
	Mailing Address			had had
	City	ate	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			
SI	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number only)		>	B

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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	Γ
(check only one)	4a [4	c 🔲	5
	4b	4	d	

OF LE	VIN FUNDS	Aggrega	ion rage	4b4d
	rmation copied from such Reports and Statements may r mmercial purposes, other than using the name and addr			
NAME	OF COMMITTEE (In Full)	^		0
1/2	nnep Franchise 6	Politi		non Connetto
A.	lame (Last) First, Middle Initial) / Full Organization Name		∐ Memo Item	Date of Disbursement
Mailin	g Address	<u> </u>		M M M / D G / V T V T V T V T V T V T V T V T V T V
City	State	Zip Code		Amount of Each Disbursement this Period
Purpo	se of Disbursement			-1-1-7-3-5-1-27-4-1-27-5
Full N	lame (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
В.				Date of Disbursement
Mailin	g Address			
City	State	Zip Code		Amount of Each Disbursement this Period
Purpo	se of Disbursement			
	lame (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Birk annual to
C.				Date of Disbursement
Mailin	g Address			
City	State	Zip Code		Amount of Each Disbursement this Period
Purpo	se of Disbursement			
Full N	lame (Last, First, Middle Initial) / Full Organization Name		☐ Memo Item	Date of Disbursement
·				M M / B B / Y Y Y Y Y Y
Mailin	g Address			
City	State	Zip Code		Amount of Each Disbursement this Period
Purpo	se of Disbursement			
Full N	lame (Last, First, Middle Initial) / Full Organization Name	· · · ·	☐ Memo Item	Data of Disharana
E				Date of Disbursement
Mailin	g Address			
City	State	Zip Code		Amount of Each Disbursement this Period
Purpo	se of Disbursement			
SUBTO	TAL of Disbursements This Page (optional)			L. T. T. P
TOTAL	This Period (last page this line number only)		>	0

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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.	
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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
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