2017 - 01 - MO - 0M - 00-NUMAY

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 JAN 30 AM 10: 32

Office Use Only

1.	NAME C	OF TEE (in full)	TYPE OR	PRINT ▼		mple: If typin r the lines.	g, type	12FE4M	5		
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				<u> </u>	1111		<u> </u>				
ADD	DRESS (r	umber and street)	7.20	9, F, 1	JITI HA	5,0,0,0	13,1 _V	<u>d, Svi</u>	tein	1,2,2	2
	thar	ck if different	Clas	r /\		<u> </u>	<u> </u>	INCI R	2822	<u> </u>	<u> </u>
2.	·	orted. (ACC) ENTIFICATION I	<u></u> ,	, 10111	CITY A	1 1 1 1 -		STATE A		CODE	<u>↓ </u>
									·		
	Co	06191	30	;	3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED		·
4.	TYPE (Choose	OF REPORT One)		oort 🚤	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	(No	v 20 (M11) n-Election or Only)
	(a) Qua	irterly Reports:	Du	On:	Mar 20 (M3)		lun 20 (M6)	Sep .	20 (M9)	(No	c 20 (M12) n-Election
	Program				Apr 20 (M4)	Π	Jul 20 (M7)	Oct 2	20 (M10)	MACT.	ır Only) n 31 (YE)
		April 15 Quarterly Report	(Q1) (c)	12-Day	n	Primary (12P	<u> </u>	General (12G) [***	Ru	noff (12R)
	U	July 15 Quarterly Report		PRE-Election		Convention (Committee of the commit	Special (·	1	1011 (1211)
		October 15 Quarterly Report	(Q3)	•	t2	,	, Bear	4 ' `	·		
		January 31 Year-End Report	(YE)	E	lection on	W W W /		Y 6 V 4 V 6 V	in I Sta	the ite of	
		July 31 Mid-Year Report (Non-elec Year Only) (MY)		30-Day POST-Electi Report for the	/ 2005 T	General (300	a)	Runoff (3	0R)	Sp	ecial (30S)
		Termination Repo (TER)	ort	•	lection on		0 8 ′ :	2016	in s	the ite of	Ν̈́c
		TE!	্যা / চিম্	B / / Y Y	~~~~		רשיכשן	1001			
5.	Covering	g Period (၁ ြ	<u> </u>	لطاء	through	77	2.8	201	<u>و</u>	
l ce	ertify that	I have examined	this Report	Ω \perp		1 11.	_	e, correct and	d complete.		
Тур	e or Prin	t Name of Treasu	ırer	Kok	ct 1	Thurle	<u> </u>				
Sig	nature of	Treasurer	-fh	of b	fill		D	ate 61	13	Ź	3 17
NO	TE: Subm	ission of false, err	oneous, or in	complete infor	mation may s	ubject the per	son signing th	is Report to th	ne penalties o	f 52 U.S	S.C. § 30109.
1		fice se							FEC F	ORM	

20-17 OH MO COM COOLMINIO

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Report Covering the Period: From:	,	o: 11 28 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		20000
(b) Cash on Hand at Beginning of Reporting Period	2663	
(c) Total Receipts (from Line 19)	COO	5.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B):	2663	2050U
7. Total Disbursements (from Line 31)	2400	2023.7
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2.63	263
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6.00	
This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

20-7 FOR MOR ON FOOTHINDSO

DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name		
Report Covering the Period: From:	- T	O:
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)		
Party Committees		
 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	ds	
(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))	O 00	5.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	500

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share	2,400	20,23,7
	(ii) Non-Federal Share		# # # # # # # # # # # # # # # # # # #
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))	2400	2.0,Z.3,7
22.	Transfers to Affiliated/Other Party		
23	Contributions to	2 4 512 1 1 513 A 1 514	
20,	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25	(use Schedule E)		
20.	(52 U.S.C. § 30116(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))		
29.	Other Disbursements (Including	Lange Samulane Const. Annual Const. C	handenselve describes desselve desselve desselve
	Non-Federal Donations)		
20	Fodoval Floation Activity (FD 11 C.C. 6 201011)		
30.	Federal Election Activity (52 U.S.C. § 301010) (a) Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share		
	(i) i ederal Grate		
	(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))		
			L. d. A. 27 A. A. 27 A. A. 52 A.
21	Total Disbursements (add Lines 21(c), 22,		
31.	23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	2.(40	
		2400	202,3/
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		the state of the s
	from Line 31)	2400	20237
	•	terrenten a sermi de la terrent de la comi d La comi de la comi	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5

Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans (from Line 11(d), page 3)		5 u o
Total Contribution Refunds		
(from Line 28(d))		9
Net Contributions (other than loans)		
(subtract Line 34 from Line 33)	0.000	500
Total Federal Operating Expenditure	S	
(add Line 21(a)(i) and Line 21(b))	2400	20237
Offsets to Operating Expenditures		
(from Line 15, page 3)		
Net Operating Expenditures		
(subtract Line 37 from Line 36)	2400	2021

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TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (
	Detailed Summary Page			
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Will of the				
Full Name of Individual (Last, First, Middle Initial) or A.	Full Organization Name	Date of Receipt		
Mailing Address	,			
City	ate Zip Code	Amount of Each Receipt this Paried		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Primary General Other (specify) ▼	regate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle Initial) or B .	Full Organization Name	Date of Receipt		
Mailing Address		, Dan , , , , , , , , , , , , , , , , , , ,		
City	ate Zip Code	Amount of Each Passint this Paried		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle Initial) or	Full Organization Name	· · · · · · · · · · · · · · · · · · ·		
C. Mailing Address		Date of Receipt		
City	ate Zip Code	Amount of Each Descript this Desired		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Primary General Other (specify)	regate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		0.00		
TOTAL This Period (last page this line number only)		ODU		

SCHEDULE B (FEC Form 3X)	T.	FOR LINE NUMBER: PAGE \ OF \
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: (check only one)
	for each category of the Detailed Summary Page	21b 22 23 26 27
Any information copied from such Departs and States	pents may not be cold or used b	y any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name	ne and address of any political co	ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	0 1 00	1
1) Will of the	People Pt	\mathcal{L}
Full Name (Last, First, Middle Initial)	VOUNC !	· · · · · · · · · · · · · · · · · · ·
A. Goosle		Date of Disbursement
	2	10 03 2016
(600 Amp, thento	e Parkucy	habachmend the militarian beautifus after militarian in the manufacture of the manufactur
City Mantain View !	State Zip Cdde 94043	FEC Identification Number
Purpose of Disbursement	/ //	C
Candidate Name () PENOTING EXPEN	stures(emi)	American de la company de la c
Candidate Name		Amount of Each Disbursement this Period Type
Office Sought: House Disburser	nent For:	(300
Senate President	Primary	- Control of the Cont
State: District:	Cirior (operaty)	Memo Item
Full Name (Last, First, Middle Initial)		B
B. Wells Fargo		Date of Disbursement
Mailing Address	C1	10/31/2010
City C	State Zip Code	
San Fransisco	CA 94104	FEC Identification Number
Purpose of Disbursement Op. Expenditures => A		C
Candidate Name		ategory/ Amount of Each Disbursement this Period
		Type Party Type
Office Sought: House Disburser Senate	nent For: Primary General	14.00
President	Other (specify)	Memo Item
State: District:		wemo item
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
<u>Utosk</u>		THE PROPERTY OF THE PROPERTY O
Mailing Address 1600 Ampithee	me Packide	11 03 2016
	State Zip Code 1	FEC Identification Number
Montinuiew Purpose of Disbursement	WA 64043	
Operating Fronzitures	/ () \	
Candidate Name	Down	ategory/ Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:	Type
Senate Disburse	Primary General	
President	Other (specify) ▼	Memo Item
. State: District:		Discontinuo de la constanta de
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	2405

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the **Detailed Summary Page** FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Election: ☐ Memo Item LOAN SOURCE Full Name (Last, First, Middle Initial) Primary General Mailing Address Other (specify) ▼ ZIP Code City State Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period TERMS Interest Rate Date Incurred Date Due Secured: % (apr) 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 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.

PAGE

OF

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

Supplementary for Information found on Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** WILL of the People Pt Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code 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, cortificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? 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: 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 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

PAGE

OF

FOR LINE NUMBER: (check only one) numbered line) 10 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 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

TEMIZED INDEPENDENT EXPENDITUR	ES			PAGE OF STATE OF STAT
NAME OF COMMITTEE (In Full)		······································		FEC IDENTIFICATION NUMBER ▼
Will of the	People P	$A \subset$		C
Check if 24-hour report 48-hour report	13		rt filed on	
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MPM / DOD / YSYBYSY
Mailing Address				
				ount
City	State	Zip Code		And Marked West Colored
			Dai	te of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		/ 0 0 / 7 7 7 0 7 0
Name of Federal Candidate:		Support	Office Soi	ught: House District:
		Oppose	Pre	sident Senate State:
Calendar Year-To-Date	and a substantian discussion		Disbursen	nent For: Primary General
Per Election for Office Sought				Other (specify)
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
				M 7 M / O 8 O / Y 8 Y V V V V V
Mailing Address				bootest bearings
				ount
City	State	Zip Code		
			Da	te of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:		Support	Office So	ught: House District:
		Oppose	Pre	sident Senate State:
Calendar real-10-Date			Disburser	ment For: Primary General
Per Election for Office Sought				Other (specify) ▶
			Demokrati Demokrati	
(a) SUBTOTAL of Itemized Independent Expendi	tures		. >	
				the time of time of the time of the time of time of the time of time of the time of time o
(b) SUBTOTAL of Unitemized Independent Expe	nditures	***************************************		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize	reported herein were d committee or agent	not made of either, or	in cooperation, consultation, or concert (if the reporting entity is not a political
				/
Signature		Date	e L	

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

N BEHALF OF CANDIDATES FO	OR FEDE	RAL OFFI	CE		PAGE	OF 1
(To be	used only i	by Political Co	ommittees in th	e General Election)	FOR LI	NE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)		. 0	1 00	,		
<i></i>	of t	he rec	ople pm	i C		
Has your committee been designated to make coordinated expenditures by a political party co	ommittee?	-	Subordinate Com	nmittee	;	
f YES, name the designating committee:		Mailing Addres	S	•		
	-	City			State	ZIP Code
Full Name (Last First Middle Initial) of Fa	oh Payon		☐ Memo	o Item Purpose of	Evpanditura	
Full Name (Last, First, Middle Initial) of Ea					Expenditure	Category/
Mailing Address				Date		Туре
City	State	Zip Co	de			
Name of Federal Candidate Supported	Office Sought	: House Senate	State: _	Amount		
1		Presiden	District:		• • • .	
Aggregate General Election				Character Propagation		97
Full Name (Last, First, Middle Initial) of Ea	ach Payee		☐ Memo	o Item Purpose of	Expenditure	Category/
Mailing Address				Date		Туре
City	State	Zip Co	de		/ (0-20) /	
Name of Federal Candidate Supported	Office Sought	t: House Senate	State: District:	Amount		
		Presider				
Aggregate General Election		- 12		Same and the second sec		átim desembra átim desembra esta esta desembra de la constanta de la constanta de la constanta de la constanta
Full Name (Last, First, Middle Initial) of Ea	ach Payee		Memo	o Item Purpose of	Expenditure	Category/
Mailing Address						Туре
City	State	Zip Co	ide	Date	/	
Name of Federal Candidate Supported	Office Sough		State: _	Amount		
		Senate Presider	District: _			
Aggregate General Election Expenditure for this Candidate		77				
SUBTOTAL of Expenditures This Page (option	onal)					, , , , , , , , , , , , , , , , , , ,
TOTAL This Period (last page this line numb	er only)			1 "		ీ 🐧 ৮১

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)

	USE ONLY ONE SECTION, A or B
Δ.	State and Legal Party Committees
Α.	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)
	——— Non-Presidential and Non-Senate Election Year (15% Federal)
	——— Non-Presidential and Non-Senate Election Year (15% Federal)
В.	—— Non-Presidential and Non-Senate Election Year (15% Federal) Separate Segregated Funds and Nonconnected Committees
В.	
В.	Separate Segregated Funds and Nonconnected Committees
В.	Separate Segregated Funds and Nonconnected Committees
В.	Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal
В.	Separate Segregated Funds and Nonconnected Committees Indicate ratio below
B .	Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS	PAGE C OF
NAME OF COMMITTEE (In Full) Will of the Park PA (•
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	
Methods of allocation:	
 FUNDRAISING activities are allocated using the "funds received method" where the federal properties expenses must equal the federal proportion of monies raised. 	portion 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 federal and nonfederal candidates, regardless of whether there is a reference to a political party are allocated using a time/space method.	lates from the ac- that 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:	HOW EDETAL 76
Fundraising Direct Candidate Support	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS: FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%
CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	guard er famoularing
Fundraising Direct Candidate Support %	%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	NONEEDEDAL 9/
ACTIVITY IS: FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%
CHECK IF THE RATIO IS:	COLOR DE LA COLOR
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	
Light Fundraising Direct Candidate Support % CHECK IF THE RATIO IS:	1 %
New Revised Same as Previously Reported	

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

PAGE	1	OF	1	
FOR	LINE	18a OF	FORM	зх

	FOR LINE TOU OF FURING 3X
NAME OF COMMITTEE (In Full)	·
WILL of the ROOK PAC	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
hatad baad hataa	
BREAKDOWN OF TRANSFER RECEIVED	And the state of t
i) Total Administrative	
·	Bear Amerika walio
ii) Generic Voter Drive	··
iii) Exempt Activities	And the state of t
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)	
	NATUURA .
a)	
	• •
b)	
·	
c) Total Amount Transferred For Direct Candidate Support	•
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECE	IVED:
TOTAL This Period (Administrative)	000
And the second s	
TOTAL This Period (Generic Voter Drive)	
groundynamicy action of	100
TOTAL This Period (Exempt Activities)	<i>V</i> 0 0
The state of the s	0.00
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	000
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SCHEDULE H4 (FEC Form 3X)

NAME OF COMMITTEE (In Full)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X
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					Voter Drive Direct Candidate Support
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	Activity or Event Identifier:			Category/	MAN (DAD (TABASA)
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В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
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<u>c.</u>	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

ALLOCATED FEDERAL ELECTION ACTIVITY OF \ PAGE (To be used by State, District and Local Party Committees Only) FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) NAME OF ACCOUNT TOTAL AMOUNT TRANSFERRED BREAKDOWN OF THIS TRANSFER **VOTER REGISTRATION** i) Voter Registration Total Amount Transferred for Voter Registration. VOTER ID ii) Voter ID Total Amount Transferred for Voter ID iii) GOTV Total Amount Transferred for GOTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration..... VOTER ID ii) Voter ID Total Amount Transferred for Voter ID.. GOTV iii) GOTV Total Amount Transferred for GOTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) 0.00 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	OF (
FOR LIN	30a OF FORM 3	X

NAME OF COMMITTEE (In Full)			0 1.	00/
	MI	. of the	YPORK	YHC
A. Full Name (Last, First, Middle Initial) / Full Orga	inization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date
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B. Full Name (Last, First, Middle Initial) / Full Orga	anization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
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FEDERAL SHARE			· · · · · · · · · · · · · · · · · · ·	TOTAL AMOUNT
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TOTAL This Period for the Levin Share				

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

(a) Itemized (b) Unitemized (c) Total 2. OTHER RECEIPTS 3. TOTAL RECEIPTS (Add Lines It and 2) 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule 1-8) (a) Voter Registration (b) Voter ID (c) GOTV (d) Generic Campaign (e) Total 5. OTHER DISBURSEMENTS (Add Lines 4s and 5) 7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) 8. RECEIPTS (rom Line 3) 9. SUBTOTAL (Add Lines 7 and 8)	NAME	NAME OF COMMITTEE (In Full)					
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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

FOR LINE NUMBER: (check only one)

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PAGE

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\rangle	NAME OF COMMITTEE (In Full)	the Pr	eople PA	(
Α.	Full Name of Individual (Last, First, Middle Initial) or Full C	Organization Nar	ne 🗌 Memo Item	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)		l	Aggregate Year-to-Date
	Occupation (for Individual)			
В.	Full Name of Individual (Last, First, Middle Initial) or Full C	Organization Nar	me	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)	<u> </u>		Aggregate Year-to-Date
	Occupation (for Individual)			Aggregate real-to-bate
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D.	Full Name of Individual (Last, First, Middle Initial) or Full (Organization Na	me 🗌 Memo Item	Date of Receipt
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	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)	Aggregate Year-to-Date		
	Occupation (for Individual)			
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the

FOR LINE NUMB	ER: PA	GE (OF
(check only one)		\ 4c	
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	4b	4d	

Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name B. Date of Disbursement Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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No Postmark	
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Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER	1/30/17 DATE PREPARED
(3/2015)	DATE FREFARED