12030953567

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

OFFICE VOICE ONLY 19 AFF 8:31

1.	NAME C)F TEE (in full)	TYPE OR	PRINT ¥		ple: If typi he lines.	ng, type	12FE4	15 F	EC MA	IL CENTER
	12 Is En	ough Super F	PAC								
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1											1
	<u> </u>		7119	W Sunset	Blvd #633			 			
ΑĘ	DRESS (n	number and street)		L L L L				1.1.1.1			
	Che	ck if different					1111			111	لنبيا
	thar repo	n previously orted. (ACC)	Los	Angeles				CA	90	0,4,6]-	
2.	FEC ID	ENTIFICATION N	UMBER ▼	,	CITY 🛦			STATE A		ZIP COD	E 🛦
	C 0	05138	2 0	3.	IS THIS REPORT		NEW (N) OR		AMENDE (A)	D	
4.	TYPE (Choose	OF REPORT One)		port	Feb 20 (M2)		May 20 (M5)	A	ug 20 (M8	3)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reparts:	Du	e On: N	Mar 20 (M3)		Jun 20 (M6)	S	ep 20 (M9	9)	Dec 20 (M12) (Non-Election Year Only)
		A		,	√pr 20 (M4)		Jul 20 (M7)	c	ct 20 (M1	0)	Jan 31 (YE)
		April 15 Quarterly Report (Q1) —	40.0					-1 (100)		D # (40D)
		July 15 Quarterly Report (Q2) (c)	12-Day PRE-Election	_	rimary (12			ral (12G)		Runoff (12R)
	Х	October 15		Report for the		onvention	(120)	ореи	al (12S)		
		Quarterly Report (January 31 Year-End Report (Ele	ation on	M R/ /	, ם ם	Y Y Y	Y	in the State of	
		July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d)	30-Day POST-Election	n G	General (30	G)	Runo	ff (30R)	!	Special (30S)
		Termination Repor	t	Report for the	:						
		(TER)		Ele	ction on	W M /	, סס	Y Y Y	Ψ	in the State of	
5.	Covering	g Period [™] (ጋ	ኻ ′ŽŎ	í ž	through	. 09	′ 3 0°	ž) 1 2 ·	
	•	I have examined to	İan	and to the best Clark	of my knowl	edge and	belief it is tru	ue, correct	and comp	olete.	
•				1							
Si	gnature of	Treasurer	//					Date	1 ') Ø '	がなべる
NC	OTE: Subm	ission of false, erro	neous, or inc	complete informa	ation may subj	ject the pe	rson signing t	his Report	to the pena	alties of 2 U	.S.C. §437g.
_	Of	fice								C FOR	M 3Y
1	U	se nlv								Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name 12 Is Enough Super PAC

MO7 / 04 / 20 12

"0 '9 / "3 "0 / "2 "0 "1 '2

To:

Report Covering the Period: From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, Y Y Y Y Y Y Z 0 1 2		, , . 0 0
	(b) Cash on Hand at Beginning of Reporting Period	, 10000	
	(c) Total Receipts (from Line 19)	, 1,571.67	, 3, 3 7 0.7 4
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 1,5 7 1 <u>.</u> 6 7	, 3,370.74
7.	Total Disbursements (from Line 31)	, 1,649.87	, 3,3 4 8 9 4
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, , 2180	, 2180
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , . 0 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , 00	

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. 06/2004)

Page 3

Write or Type Committee Name 12 Is Enough Super Pac

		[™] 0 [™] 7 ′	%
Report Covering the Period:	From:	0 7	U

Mo M7 ′ 0 1 ′ 2 0 1 2

To: 0 9 ' 3 0 ' 2 0 1 2

	I. Receipts	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
	Contributions (other than loans) From: (a) Individuals/Persons Other						
	Than Political Committees		4			007074	
	(i) Itemized (use Schedule A)	,	1,5 /	1 6 7	7	3, 3 7 0, 7 4	
	(ii) Unitemized	,	7	.00	,	, .00	
	(iii) TOTAL (add		157	1 1 6 7		227074	
	Lines 11(a)(i) and (ii)▶	,	1,5	1 6 7	,	3, 3 7 0, 7 4	
	(b) Political Party Committees	,	7	.00	,	, . 0 0	
	(c) Other Political Committees	•	•		·		
	(such as PACs)	,	7	. 0 0	,	, . 0 0	
	(d) Total Contributions (add Lines	•	-		,	·	
	11(a)(iii), (b), and (c)) (Carry						
	Totals to Line 33, page 5)	,	1, 5 7	7 1.6 7	,	3,370.74	
12.	Transfers From Affiliated/Other						
	Party Committees	,	,	.00	,	, .00	
40	All Lance Desciond			. 0 0		0 (
13.	All Loans Received	,	3	. 0 0	,	, . 0 (
14.	Loan Repayments Received			0 0		0 (
	Offsets To Operating Expenditures	,	,	•	7	,	
	(Refunds, Rebates, etc.)					,	
	(Carry Totals to Line 37, page 5)	_	_	0 0		0 (
16.	Refunds of Contributions Made	,	7	•	7	,	
	to Federal Candidates and Other						
	Political Committees	_	_	0 0	_	0 (
17.	Other Federal Receipts	7	7		,	,	
	(Dividends, Interest, etc.)		. ,	. 0 0			
18.	Transfers from Non-Federal and Levin Funds	,	. 1		J .	, .	
	(a) Non-Federal Account						
	(from Schedule HS)	7	7	. 0 0	7	, .00	
		·			•		
	(b) Levin Funds (from Schedule H5)	,	,	<u> </u>	7	, .00	
		•	•		•	,	
	(c) Total Transfers (add 18(a) and 18(b))	7	,	. 00	7	, . 0 (
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		157	167		3 3 7 0 7 4	
	12, 10, 10, 10, 11, and 10(0))	7	1,5 /	1,67	7	3, 3 1 0,1 4	
20	Total Federal Receipts						
	(subtract Line 18(c) from Line 19)▶		157	7 1 6 7		33 7 0 7 4	
	frame of the same	7	', 5 '	1.0	• •	9,0 1 0, 1 -	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) II. Disbursements		of Disbursements COLUMN A Total This Period			Page 4 COLUMN B Calendar Year-to-Date			
								1.
	(i) Federal Share	7	,	.00	,	,	. (0 0
	(ii) Non-Federal Share			.00		•		0 0
	(b) Other Federal Operating	,	,	•	7	,		
	Expenditures	,	1 6	4 9 8 7	7	3 3	4 8 _.	9 4
	(c) Total Operating Expenditures	,	,		•	,	4 0	٠. ر
	(add 21(a)(i), (a)(ii), and (b)) ▶	7 .	1, 6	4 9 8 7	7	3, 3	4 8 9	9 4
2.	Transfers to Affiliated/Other Party			.00				0 0
3	CommitteesContributions to	7	7	. 0 0	3	7	. `	<i>)</i> (
	Federal Candidates/Committees and Other Political Committees	7	3	.00	7	,		0 (
4.	Independent Expenditures							^
5.	(use Schedule E) Ceordinated Party Expenditures	7	. 5	. 0 0	7	7	•	0
٠.	(2 U.S.C. 8441a(d))			0 0				0 (
	(use Schedule F)	,	7	. 0 0	7	7	•	· ·
S .	Loan Repayments Made	,	,	. 0 0	y .	3		0
,	Leene Made			0.0				0 (
	Loans MadeRefunds of Contributions To:	•3	7	.00	7	7 .	•	U.
	(a) Individuals/Persons Other Than Political Committees	,	3 '	.00	. 7	,		0
		•	•	0.0		•		
	(b) Political Party Committees	7	,	.00	7	,	•	0 (
	(c) Other Political Committees			o o				^ (
	(such as PACs)	. ,	7	0 0	7	7	· '	0 0
	(d) Total Contribution Refunds							_
	(add Lines 28(a), (b), and (c))▶	7	,	.00	,	,	•	0 (
9.	Other Disbursements	,	,	.00	,	,	. (0 0
0.	Federal Election Activity (2 U.S.C. §431(20))							
	(a) Allocated Federal Election Activity							
	(from Schedule H6)			0.0				
	(i) Federal Share	,	,	.00	7	7	. (0 0
				0 0				0 (
	(ii) "Levin" Share	,	7	. 0 0	7	7	•	0 '
	(b) Federal Election Activity Paid Entirely			0.0				0 (
	With Federal Funds(c) Total Federal Election Activity (add	,	7	.00	7	7	- '	U
	Lines 30(a)(i), 30(a)(ii) and 30(b))			0 0			(0 0
	Lines 30(a)(i), 30(a)(ii) and 30(b))	,	,	-	7	7	•	
1.	Total Disbursements (add Lines 21(c), 22,							_
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7	1, 6	4 9 8 7	7	3,34	48.9	9 4
2.	. Total Federal Disbursements							
	(subtract Line 21(a)(ii) and Line 30(a)(ii)							
	from Line 31)		1.6	4 9 8 7	7	3, 3	1 2 (a 2

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 1 5 7 1 6 7 3 3 7 0 7 4 (from Line 11(d), page 3) 34. Total Contribution Refunds .00 . 0 0 (from Line 28(d))..... 35. Net Contributions (other than loans) 157167 3370.74 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 3 3 4 8 9 4 139695 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditurgs . 0 0 (fram Line 15, page 3)..... 38. Net Operating Expenditures 3 3 4 8 9 4 1 3 9 6 9 5 (subtract Line 37 from Line 36)

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 4
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S	tatements may not be sold or used by any	person for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and aguress of any political commit	tee to solicit acredications from salan committee.
12 Is Enough Super PAC		
Full Name (Last, First, Middle-Initial) A. lan Clark		Date of Receipt
Mailing Address 7125 Delongpre #409		
City Los Angeles	State A Zip Code 90046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	7000
Name of Employor Forest Pharmaceutical	Occupation Sales Rep	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1, 8 6 9 0	7
Full Name (Last First, Middle Initial) B. Ian Clark		Date of Receipt
Mailing Address Delongpre #409		™08′02′2012
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C .	, 15000
Name of Employer Forest Pharmaceutical	Occupation Sales Rep	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	2,0190	7
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		08 ′ 2 0 ′ 2 0 1 2
7125 Delongpre #409	State Zip Code	
	·	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	, 150,00
Name of Employer Forest Pharmaceutical	Occupation Sales Rep	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (spacify) ▼	2,1690	7
SUBTOTAL of Receipts This Page (optional)		37000
TOTAL This Period (last page this line number	only)	· > 3 3 -

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the result of NAME DF COMMITTEE (in Full) 12 Is Enough S	y person for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) A. lan Clark Mailing Address7125 Delongpre #409 City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Forest Pharmaceutical Receipt For:	State CA ^{Zip Code} 9004 C Occupation Sales rep. Aggregate Year-to-Date ▼	Date of Receipt "0 '9 ' "0 "5 ' '2 0 1 2 Amount of Each Receipt this Period 1 5 7 6 9
Primary General Other (specify) Full Name (Last, First, Middle Imitial) B. Ian Clark Mailing Address 7 125 Delongpre #409 City Los Angeles	2,3 2 6 7 State CA Zip Code 90046	Date of Receipt '0 '9 ' '0 '7 ' '2 '0 1 2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Forest Pharmaceutical Receipt For: Primary General Other (specify)	C Occupation Sales rep. Aggregate Year-to-Date ▼ 2,6 1 6.7	6
c. Full Name (Last, First, Middle Initial) Ian Clark Mailing Address 7125 Delongpre #409 City Los Angeles	State CA Code 900	Date of Receipt MO9 ' 10' 2012 Amount of Each Receipt this Receipt
FEC ID number of contributing federal political crimmittee. Name of Employer Forest Pharmaceutical Receipt For: Primary Other (spanlfy)	C Occupation Sales rep. Aggregate Year-to-Date ▼ , 2, 6 7 0, 7	Amount of Each Receipt this Period , , 5 4 0 0
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this lime number o		

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Suramary Page

	OH LINE	NOWREH:	PAGI	= ⁻ UF	4
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	X 11a	11b [11c	12	
	13	14	15	16	17

TEMIZED RECEIPTS	for each category of the Detailed Suraroary Pa	
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 12 Is Enough Super PA	С	
Full Name (Last, First, Middle Initial) A. Rally/Piryx		Date of Receipt
Mailing Address 7125 Delongpre	#409	09'' 17' 2012
City	State Zip Code	Amount of Each Receipt this Period
FEC 1D number of contributing federal political committee.	С	4 7 7
Name of Employer	Occupation	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 4	7 7
Full Name (Last, First, Middle Initial) 3. Ian Clark		Date of Receipt
Mailing Address 7125 Delongpre #409	_	™0 [™] 9′2°1′ <u>2</u> 0°1 <u>2</u>
City Los Angeles	State CA Zip Code 9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	, 16000
Name of Employer Forest Pharmaceutical	Occupation Sales rep.	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2,830	7 6
Full Name (Last, First, Middle Initial)		Date of Receipt
Maii 125 Delongpre #409		09 ′ °2°2′ ′2 °0 1 2
City Los Angeles	State Zip Code 90	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	, , 5 1 5 2 6
Name of Treeste Pharmaceutical	Occupation Sales re	eP
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3 3 4 6	. 0 2
SUBTOTAL of Receipts This Page (optional)		, 68003
TOTAL This Period (last page this line number of	nnlv)	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 4OF 4 (check only one)
Any information copied from such Reports and St	Detailed Summary Page atements may not be sold or used by any pe	13 14 15 16 17
NAME OF COMMITTEE (In Full) 12 is Enough Super PA	name and address of any political committee	
Full Name (Last, First, Middle Initial) First Bank Merchan Servi	ces	Date of Receipt
Mailing Address City	State Zip Code	
	•	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	, 1995
Name of Employor Pharmaceutical	Occupation Sales rep.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1 9 9 5	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	
	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	, , .
Name of Employer Forest Pharmaceutical	Occupation Sales rep.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	, ,	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		м м / о о / у у у
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	, , ,
Name of Employer	Occupation	
Receipt For: Primary General Other (spacify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, , 1995
TOTAL This Period (last page this line number of	only)	157167

SCHEDULE B (FEC Form 3X)

					LINE NI k only o	NUMBER:			PAGE I OF			-	
JÍ	EMIZED DISBUI	HSEMENTS	for each category of the	1"		k only 0 21b	ne) 22	\Box	23	□ 24		25	<u> </u> 26
			Detailed Summary Page		H	27	28a	H	28b	28	, -	29	306
An	y information copied from	m such Reports and Stater	nents may not be sold or use ne and address of any politica	d by	any	person	for the	purp	ose o	f solicit	ing co	ntribut	ions
	NAME OF COMMITTEE		ie and address or any politica		Junu	IGE ID S	ORUI AOI	IGIU	uuris	HOM S	acti. C	Jan 1983	7d.
\rangle	12 Is Enough												
_	Full Name (Last, First, I	Middle Initial)				<u> </u>	- ·						
۹.	Daseitle	711.143.COIII					Date of						
	Mailing Address						[™] 0 [™] 9	9 ′	້ 2	2 ′	'2 ĭ) 1	ž
	City 979 Col	bblestone Cresent	State ON CN7S5La	3									
	Purpose of Disbursement		\ <i>i</i> '.1 O										
	monthly Candidate Name	feel for Dedicated	video Server				Amount	of					
		Unine			tegor Type			•	,	. ,	5 1	5 ,	2 6
		House Disburser Senate	nent For: Primary General										
	LI	President	Other (specify)			ļ							
	State: Distri	ict:		_									
_	Full Name (Last, First,	Middle Initial)											
В.							Date of	Dis	burse				
	Mailing Address					-	м м	,	D	D /	Y Y	Y	Y
	City	•	State Zip Code			_				·			
	Purpose of Disburseme	nt				-				_			
	Candidata N			Amount of Each Disbursement this Pe					Period				
	Candidate Name				tegor Type				,	,		•	
			ment For:			\neg							
	<u></u>	Senate President	Other (specify) General			}							
	State: Distri		Said (abouty)										
	Full Name (Last, First,	Middle Initial)											
C.							Date of	f Dis	burse	ment			
	Mailing Address					\dashv	M M	1	D	D /	Y 1	, A	Y
	Mailing Address												
	City		State Zip Code										
	Purpose of Disburseme	ent					Amount	t of	Fach	Diebur	emen	t thie !	Period
	Candidate Name				ategoi		AHIOUN	· UI	Latri	PISOUIS	ociiie[]	เนแร่	GIIUU
	Office Sought:	House Disburse	ment For:		Туре				, .	:	I	•	•
	J.IIIO Godgin.	Senate Disburse	Primary General										
	-	President	Other (specify)										
	State: Distr	rict:											
s	UBTOTAL of Disbursem	nents This Page (optional)				. •			,	. ,	5	1 5	2 6
Т	OTAL This Period (last	page this line number only)									1 5	2 6
									3			:	

CHEDULE C (FEC Form 3X)		
DANS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) 12 Is Enough Super PAC		
		Election:
LOAN SOURCE Full Name (Last, First, Middle Initial)		Primary General
Mailing Address		Other (specify) ▼
City State ZIF	⁵ Code	
Original Amount of Loan Cumulative Paymer	nt To Date Balanc	e Outstanding at Close of This Per
, , ,	, .	, , ,
TERMS Date Incurred Date	Due Interest Rate	· Secured:
M M / D D / Y Y Y Y M M / D D /	Y Y Y Y	% (apr) Yes N
List All Endorsers or Guarantors (if any) to Loan Source		70 (abr)
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	y ••
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	*
	Amount	
City State ZIP Code	Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	, · · · · · · · · · · · · · · · · · · ·
4. Full Name (Last, Ffrst, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
City State ZIP Code		, , .
UBTOTALS This Period This Page (optional)		, , ,
OTALS This Period (last page in this line only)		, , .
Carry outstanding balance only to LINE 3, Schedule D, for this lin		

œ

SCHEDULE C-1 (FEC Form 3X)

Supplementary for

LOANS AND LINES OF CREDIT FROM LI Federal Election Commission, Washington, D.C. 20463	ENDING INSTITUTIONS	3		- 1	Info Pag		tion				ile C
NAME OF COMMITTEE (In Full)			FEC	: ID	EN	TIFI	CAT		N N	UM	BER
12 Is Enough Super PAC			С	0	0	5	1	3	8	2	0
LENDING INSTITUTION (LENDER)	Amount of Loan				Int	eres	st Ra	ate	(AP	R)	
Full Name	, ,	•								9	%
Mailing Address	Date Incurred or Established	M	M	,	D	D	,	Y	Y	Y	Y
City State Zip Code	Date Due	M	M	,	D	D	,	٧	Y	Y	Ψ
A. Has loan been restructured? No Yes	If yes, date originally incurred	d	NA.	′	D	D	1.	Υ	Y	Y	Y
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:		,	1		7			•		-
C. Are other parties secondarily liable for the debt incur	red? nust be reported on Schedule C.)										
D. Are any of the following pledged as collateral for the property, gnods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	of deposit, chattel papers,	What Does interes	the le	ende		7	a pe		•	se	curity
	rest income, pledged as specify:	What		est		ted		ie?	•	·	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).											
Date account established:	Address:										
M M / D D / Y Y Y	City, State, Zip:										
F. If rreither of the types of collateral described above we the loan amount, state the basis upon which this loan	as pledged for this loan, or if the n was made and the basis on wi	amoun nich it a	t pled ssure	lged es re	do	es n	iot e	qua	al or	exe	ceed
G. COMMITTEE TREASURER Typed Name Signature		D _i	ATE 1 121	,	D	D	,	Y	Y	Y	Y
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 are accurate as stated above. II. The Ican was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that complied with the requirements set forth at 11.	including interest rate) no more fa of comparable credit worthiness. t a loan must be made on a basi	vorables	at th	ne tii Jres	me	thar	n tho	ose	imp	ose	
AUTHORIZED REPRESENTATIVE		_	ATE								
Typed Name Signature	lîtle li	-	i in	′	D	D	,	Y	Y	Y	Y

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each

PAGE 1 OF
FOR LINE NUMBER:
(check only one)

EXCI	uumg	Loans							num	pered line)				10	
NAM	ME OF	COMMITTEE (in Full)												
12	2 Is E	nough Su	per PAC	;											
1	A. Fuli	Name (Last, F	irst, Middle	Initial) of Del	btor or Credi	tor				Nature of Debt (Purpose):					
-															
 	Mailing .	Address													
L	_														
ľ	City	State			Zip C	ode									
	Outst	anding Balance	e Beginning	This Period	····					<u> </u>					
1		-	- •												
-		y Amount Incu	t grad This Pa	• eriod		Dave	nent This F	Period		Outstand	na Balan	ce at Close	of This 5	Parind	
		Amount incu		SHOU		rayn	ioni inis f	GIIOU		Outstanto	ny Dalan	ce at OROSE	ו פווזו יט	CHOO	
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Ē	3. Full 1	Name (Last, Fi	irst, Middle I	nitial) of Deb	tor or Credit	or				Nature of D	Debt (Pur	oose):			
1															
ī	Wailing .	Address								1					
									· · · · · · · · · · · · · · · · · · ·						
ľ	City	State			Zip C	ode									
H	Outet	anding Balance	e Reginning	This Period						L.,					
	Judi	and build													
		,	,	•		_									
		Amount Incu	ırred This P	eriod		Paym	nent This I	eriod		Outstand	ing Balan	ce at Close	of This I	Period	
		,	,	•		3	3		•		.,	,	•		
ŀ	C. Full	Name (Last, I	First, Middle	Initial) of De	btor or Cred	itor				Nature of I	Debt (Pun	pose):			
		,,		, = •	-132						v. =•1				
 -	Mailing	Address						 .		ł					
- {	waniiy									ł					
Ī	City				State		Zip Cod	е		1					
t	Outst	tanding Balanc	e Beginning	This Period						<u> </u>					
- 1		<u>.</u>	- 3												
- [5 Amount Incu	y urred This P	eriod		Dave	nent This I	Parind		Outstand	ina Ralan	ce at Close	of Thic	Period	
- {		Amount MCC	1185 F	SinU U		- ayii	iidhi IIIIS I	GIIUU		Cuisiallu	y Daidii	ou at Ciuse	UI IIII 1	1100	
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11	QIIPT/	OTALS This Po	ariod This D	age (ontional	\										
_				-							,	,			
2)	TOTAL	S This Period	(last page	this line numl	ber only)				····· •		,	7	•		
3)	TOTAL	OUTSTANDI	NG LOANS	from Schedu	ile C (last pa	ige onl	y)			٠.	ŗ	,	•		
4)	ADD 2	2) and 3) and (carry forward	d to appropria	ate line of Su	umman	y Page (la	st page	only) 🕨		,	7	•		

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 1 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
12 Is Enough Super PAC	
	C 0 05 1 3 8 2 0
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	, , -
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	j j · · ·
Purpose of Expenditure Category/	Office Sought: House State:
Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
	, ,
(b) SUBTOTAL of Uniternized Independent Expenditures	
	, ,
(c) TOTAL Independent Expenditures	
	, ,
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
	M·M / O O / Y Y Y
Signature Dat	e

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

	BEHALF OF CANDIDATES	FOR FED	ERAL OFFIC	E		PAGE 1	OF 1
2	U.S.C. §441a(d)) (To	be used only	by Political Com	mittees in the Go	eneral Election)	FOR LINE 25	OF FORM 3X
NA	ME OF COMMITTEE (In Full) 12 Is Enough Super PAC					Ched 24-hd	k if our notice
	your committee been designated to ma rdinated expenditures by a political party		Full Name of Sub	ordinate Committe	90		
if Y	ES, name the designating committee:		Mailing Address			,	
			City		Sta	te ZIP C	ode
	Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	enditure	
ŀ	Mailing Address				Date		Category/ Type
ł	City	State	Zip Code		'M M / I	D D / Y	Y Y Y
Ì	Name of Federal Candidate Supported	Office Soug	ht: House Senate	State:	Amount		
			Presidential		. 5	, , ,	•
	Aggregate General Election Expenditure for this Candidate ▶	,	7	•		sed Due to Opp S.C. §441a(i)/44	
Ì	Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	enditure	1
		<u>-</u>					Category/
	Mailing Address				Date		Туре
	City	State	Zip Code		' M M /	о р / у	Y Y Y
	Name of Federal Candidate Supported	Office Soug	Senate	State:	_ Amount		
-		<u> </u>	Presidentia	<u> </u>	_ ,	7	•
	Aggregate General Election Expenditure for this Candidate ▶	,	,	•		sed Due to Opp S.C. §441a(i)/44	
	Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure	
	Malling Address						Category/
	City	State	Zip Code		Date M M /	ע / ם ס	y y y
	Name of Federal Candidate Supported	Office Soug	ht: House Senate Presidentia	State:	- Amount		
	Aggregate General Election Expenditure for this Candidate ▶	,	· 'y	•		sed Due to Opp S.C. §441a(i)/44	
SI	JBTOTAL of Expenditures This Page (or	otional)					
	OTAL This Period (last page this line nu				- .	. 7	-
- 10	TIME THIS FERIOU (IdSt Page this line hui	HOGE OHBY			• 1	,	•

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)

IE OF COMMITTEE (In Full)
12 Is Enough Super PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
3. Separate Segregated Funds and Nonconnected Committees
3. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
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
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

SCHEDULE H2 (FEC Form 3X)

PAGE 1	OF	1
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LOCATION RATIOS		PAGE 1 OF
ME OF COMMITTEE (In Full) 12 Is Enough Super PAC		
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA CTH/ITIES APPEARING ON THIS REPORT.	TE SUPPORT	
ethods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. Fer PACs Gnly: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	fit derived by federal candid nunications or voter drives	dates from the acthat 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: 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		

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

PAGE	1	OF	1	
FOR LI	NF 1	Ra OF	FORM	3X

			FOF	LINE 18a C	P FORM 3X
	F COMMITTEE (In Full)				
12	s Enough Super PAC				
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOU	NT TRANSFE	RRED
		M M / D D / Y Y Y			
			7	,	•
205	AVDOMIN OF TRANSFER DESERVED				<u> </u>
	AKDOWN OF TRANSFER RECEIVED				
i)	Total Administrative		,	7	•
")	Generic Voter Drive		,	,	•
	Exempt Activities				
"")	Exempt Activities		7	7	•
iv)	Direct Fundraising (List Activity or Event Ide	entifier)			
	a)	- , ,			
1					
	b)	- , ,			
1		- -			
}	c) Total Amount Transferred For Direct Fund	raising	. у	7	. •
(v)	Direct Candidate Support (List Activity or E	vent Identifier)			
}					
	a)	_ , , .			
1					
1	b)	- , , .			
1					
ŀ	c) Total Amount Transferred For Direct Cand	lidate Support	7	,	•
1					
vi)	Public Communications Referring Only to	Party (Made by PAC)	,	,	•
	TOTALS F	OR BREAKDOWN OF TRANSFER RECEIVED			
TOTAL	This Period (Administrative)		•		
		•			
TOTAL	This Period (Generic Voter Drive)	······································	,		
	The Date of Consult Assistance	•	•		
IUIAL.	This Period (Exempt Activities)	, , , , , , , , , , , , , , , , , , ,	,		
TOTA :	This Davied (Direct Fundacions)				
IUIAL	This Period (Direct Fundraising)	,	,	•	
TOTAL	This Period (Direct Candidate Support)		•		
IUIAL	This relied (Direct Candidate Support)		, ,	•	
TOTAL	This David (Public Communications Defanis	g Only to Party)		=	
IUIAL	THIS FERIOU (FUDIIC COMMUNICATIONS METERNI	y Only 10 Faity)	7	•	
TOTAL	This Period (Total Amount Transferred)		_		_
TOTAL	THIS ESTING (TOTAL MINORIL HARISTERS)		7	7	•

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
EOD II	NE 2	10 OE	EODN	2

	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exemp
	Mailing Address		Voter Drive Direct Candidaté Suppor
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
			, , ,
	Activity or Event Identifier:	Category/ Type	M M / D D / Y Y Y Date
	FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
	, , · , ,	•	. , , , .
•	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exemp
	waning Address		Voter Driva Direct Candidate Suppor
	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:	-	, , ,
	really of Lian Rolling.	Category/ Type	M M / D D / Y Y Y Date
	FEDERAL SHARE + NONFEDERA	AL SHARE	= TOTAL AMOUNT
	, , , , , ,	•	, ,
•	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
•		•	
•	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Public Comm (ref to party only) by PAC
•	Full Name (Last, First, Middle Initial) Mailing Address		Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support
-	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement:		Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Public Comm (ref to party only) by PAC
-	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Allocated Activity or Event: Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement:	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date M M / D D / Y Y Y Y Date
	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFEDERA , , , , , , , ,	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date ### Administrative Fundraising Exemply Date Fundraising Pace F
	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFEDERA	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date M M / D D / Y Y Y Y Date TOTAL AMOUNT
SI	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFEDERA 7 7 7 BTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERA 7 7 7	Category/ Type AL SHARE -	Allocated Activity or Event: Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
SI	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFEDERA 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Category/ Type AL SHARE . AL SHARE . and NonFederal s	Allocated Activity or Event: Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE		1 0	F	1		
FOR	LINE	18b	OF	FORM	3X	

	MMITTEE (In Full) Igh Super PAC			
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
		M M / D D / Y Y Y		
			, , ,	
BREAKDOV	VN OF THIS TRANSFER	VOTER RECIPTO) ATION	
i)	Voter Registration	VOTER REGISTS	MATION	
	Total Amount Transferred for Voter	Registration		
			OTER ID	
ii)	Voter ID	<u></u>		
	Total Amount Transferred for Voter	, ID	,	
a	COTY		GOTV	
111)	GOTV Total Amount Transferred for GOT	v		
	Total Amount Transferred for GOT		y	
įvi	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY	
,		eric Campaign Activity		
		, ,	, , ,	
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
TOTAL OF T	000011	M M / D D / Y Y Y	TOTAL ANIOUTI THATOLETINES	
		m m / D D / T / T /		
			, , ,	
BREAKDOV	VN OF THIS TRANSFER			
i)	Voter Registration	VOTER REGIST	NATION	
•	Total Amount Transferred for Vote	r Registration		
		, ,	OTER ID	
ii)	Voter ID	`	OTER ID	
	Total Amount Transferred for Vote	r ID	,	
		•	GOTV	
iii)	GOTV	•	don	
	Total Amount Transferred for GOT	V	, ,	
			GENERIC CAMPAIGN ACTIVITY	
iv)	Generic Campaign Activity		•	
	Total Amount Transferred for Gene	eric Campaign Activity	, , .	
	TOTAL C FOR DE	SEALONNA OF TRANSFER RECEIVED (and Dama Onlin	
	IOIALS FOR BE	REAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)	
TOTA	L This Period (Voter Registration)	······································		
TOTA	L This Period (Voter ID)			
	-	7	,	
TATA	This Devied (COTA		•	
IUIA	L INIS PENDO (GUIV)		3 , 3	
TOTA	L This Period (Generic Campaign /	Activity)	, , .	
			•	
TOTA	L This Period (Total Amount of Tra	nsfers 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	1	OF	1	
FOR LIN	VF 30a	OF	FORM	31

IAME OF COMMITTEE A. E.A.	
IAME OF COMMITTEE (In Full)	
12 Is Enough Super PAC	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	F F '7
Purpose of Disbursement	Category/ Type
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
	* * *
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	ş ş •
Purpose of Disbursement	Category/ Type Note N
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
7 7 7	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	; ;
Purpose of Disbursement	Category/ Type Marka / D D / Y Y Y Y Date
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT
7 7 7 9	· -
SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT
; TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	Levin share to 30(a)(ii))
FEDERAL SHARE	TOTAL AMOUNT
; ; · LEVIN SHA	ARE ; ; =
TOTAL This Period for the Levin Share	
FRANCIS	FEC Schedule H6 (Form 3X) Rev. 02/2003

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
12 is Enough Super PAC

NAME OF ACCOUNT

			OLUMN A . THIS PER	IOD			DLUMN B R-TO-DATE	•	
1.	RECEIPTS FROM PERSONS						**		
	(a) Itemized (Use Schedule L-A)	7	,	•		7	7	•	
	(Use acriedule C-A)								
	(b) Unitemized						•		
	(b) 0111101111200	7	3.	•		,	,	•	
	(c) Total						•		
	(-,	,	,	•		,	,	•	
2.	OTHER RECEIPTS		•			•			
		,	7	•		,	7 .	• .	
3.	TOTAL RECEIPTS					•			
	(Add Lines 1c and 2)	,	,	•		,	, .		
				····					
4.	TRANSFERS TO FEDERAL OR								
	ALLOCATION ACCOUNT (Use Schedule L-B)								
	(a) Votos Docietation								
	(a) Voter Registration	7	7	•		y	• •	. •	
	(b) Voter ID								
	(b) voter ib	, 7	7	••		7	. 1		
	(c) GOTV					•			
	(0) 001 7	7	7	••		7	7	•	
	(d) Generic Campaign				•				
	(a) donone campaign	3 .	5	•		,	1.	•	
	(e) Total								
	(-)	7	,	•		,	7	•	
5.	OTHER DISBURSEMENTS								
		,	7	•		,	;	•	
6.	TOTAL DISBURSEMENTS	•							
	(Add Lines 4e and 5)	7	7			7	7	•	
					٠.				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	7	,			7	J		
	(ioi Column b, use cash as or banday ray)								
8.	RECEIPTS	•							
-	(from Line 3)	.3	,	• .		7	7	•	•
9.	SUBTOTAL(Add Lines 7 and 8)	,	7	•		, .	,	•	
	Commenter of the All Comments of the All Comme								
10.	DISBURSEMENTS					•			
	(From Line 6)	•				7	7	•	
		•							
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					. ,	7	•	
	feeder with the Light fills of the second		•				•		

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

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

PAGE

FOR LINE NUMBER: 1a

1 OF

	Aggregation Page	(check only one)
Any information copied from such Reports and Statements may n or for commercial purposes, other than using the name and addre		
NAME OF COMMITTEE (In Full)		
12 Is Enough Super PAC		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Matter Address		M M ' / O O / Y Y Y
Mailing Address	-	
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		y y
Occupation		35 G
	j	, ,
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
3.		M M / D D / Y Y Y
Mailing Address		
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		
		Aggregate Year-to-Date
Occupation		, ,
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
.		M M / D D / Y Y Y
Mailing Address		AA
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		, , , , , , , , , , , , , , , , , , , ,
		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
).		M M / D D / Y Y Y
Mailing Address		
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		y . y
Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	•	· · ·
TOTAL This Period (last page this line number only)		y: y:
		

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

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

FOR LINE NUMBE	R: PA	GE 1	OF
(check only one)	4a 4b	4c	5

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) 12 Is Enough Super PAC Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement M / D D / **Mailing Address** City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name **Date of Disbursement** M / D . D Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement .2 Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. 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 E. Date of Disbursement **Mailing Address** State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement 5

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

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

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s 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
-IMN	11/19/1
(3/2005)	DATE PREPARED