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

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NO.	12.09 € WT Cha/10++9 UMBER ▼ CITY	ittarris, Bili	STATE A AMENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Choose One) July 15 Quarterly Report (Choose One) October 15 Quarterly Report (Choose One) January 31 Year-End Report (Choose One) July 31 Mid-Year Report (Non-elective Year Only) (MY) Termination Report (TER)	Report Due On: Mar 2 Apr 20 (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	General (30G)) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period I certify that I have examined to Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of talse, error Office Use Only	hof thella	+laucika	Date Ol ' To	5 2.017

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Will of the People PAC Report Covering the Period: From: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 2016 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) Total Disbursements (from Line 31)......

- Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))......
- Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)

000
000

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

2017 - 01 - 30 - 03 - 00 135573

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Write or Type Committee Name Will of the	People PAC	•
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Unitermized (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 (Retunds, Rebates, etc.) (Carry Totals to Line 37, page 5) (Committees (Retunds, Rebates, etc.) (Carry Totals to Line 37, page 5) (Committees (Retunds, Rebates, etc.) (Carry Totals to Line 37, page 5) (Committees (Retunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	Report Covering the Period: From:	29 2016 To	0.1 (5 2017
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts	1	
Than Political Committees (i) Itemized (use Schedule A)	11. Contributions (other than loans) From:		· ·
(ii) Unitemized (use Schedule A)	(a) Individuals/Persons Other		
(ii) Unitemized			
(ii) Unitemized	(i) Itemized (use Schedule A)		L
(iii) TOTAL (add Lines 11(a)(i) and (ii)			
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 Affilialed/Other Party Committees		D AD	$C \wedge T$
(b) Political Parly 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 Parly Committees. 13. All Loans 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 (Irom Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 5. OO 7.	Lines 11(a)(i) and (ii)		La 1. 12 1. 1. 12 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
(c) Olher Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	(b) Balling I Barty Committees		
(such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)			
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	` '		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)			
Totals to Line 33, page 5)			
12. Transfers From Affiliated/Other Party Committees		000	500
Party Committees	· · · · · · · · · · · · · · · · · · ·		
13. All Loans Received			
14. Loan Repayments Received	Tany conjuntoco		
14. Loan Repayments Received	13. All Loans Received		
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	14 Loan Renayments Received	American Program for a formal	And the state of t
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)			
(Carry Totals to Line 37, page 5)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
to Federal Candidates and Other Political Committees			
Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)	Political Committees		
(Dividends, Interest, etc.)	17. Other Federal Receipts		
(a) Non-Federal Account (from Schedule H3)	(Dividends, Interest, etc.)		
(from Schedule H3)	18. Transfers from Non-Federal and Levin Funds		
(b) Levin Funds (from Schedule H5)	(a) Non-Federal Account		
(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	(from Schedule H3)	A 5 5 A 6 6 A 6 6 A 6 6 A 6 6 A 6 A 6 A	5
(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			
(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	(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			
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	(c) Total Transfers (add 18(a) and 18(b))		
12, 13, 14, 15, 16, 17, and 18(c))	•	the second secon	
20. Total Federal Receipts	19. Total Receipts (add Lines 11(d),		
20. Total Federal Receipts		000	500
The same of the sa	<i>\$</i>		
(subtract Line 18(c) from Line 19)	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 Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total IIIS reliou	Caleffoat Tear-to-Date
	(i) Federal Share	2.63.	20.500
	(ii) Non-Federal Share(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2 6 3	20500
22.	Transfers to Affiliated/Other Party		
23	Contributions to	92 1 52 4 53	
_0.	Federal Candidates/Committees and Other Political Committees		5 0 4% 0 4% 0 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26.	Loan Repayments Made		
	Loans Made		
	That I dillical committees minimize		
	(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		
	Non-Federal Donations)		7. (1) (1) (1) (1)
30.	Federal Election Activity (52 U.S.C. § 30101) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
	(i) Federal Share		
	(ii) "Levin" Share(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	2.63	205.00
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		. •
	from Line 31)	263	20500

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5

	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)	0.00	
	(from Line 11(d), page 3)		300
34.	Total Contribution Refunds		
	(from Line 28(d))	P 0 472 7 4 472 R 7 672 R	
35.	Net Contributions (other than loans)		
	(subtract Line 34 from Line 33)	0.00	5.00
36.	Total Federal Operating Expenditures		
	(add Line 21(a)(i) and Line 21(b))	32 63	20500
37.	Offsets to Operating Expenditures		
	(from Line 15, page 3)		
38	Net Operating Expenditures		
30.	(subtract Line 37 from Line 36)	263	25500

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 12 Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \(\nbbeta\) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary ☐ General Other (specify) f) D/O SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SC	HEDULE B (FEC Form 3X)			FOR LINE N	JUMBER: PAGE 1 OF
	MIZED DISBURSEMENTS		rate schedule(s)	(check only	
			category of the Summary Page	21b	22 23 26 27
			· · · · · · · · · · · · · · · · · · ·	28a	28b 28c 29 30b
	r information copied from such Reports and Stater or commercial purposes, other than using the nan				
	NAME OF COMMITTEE (In Full)		pondodi	33	1
\rangle	` '	0. 1	- DL		
/	Will of the	Tenov	CVDC		
A.	Full Name (Last, First, Middle Initial)				Date of Disbursement
***	Wells Farso				
- N	Mailing Address		17		11 20 2016
-	420 Montgon	vey.	7: 2:		Commercial Control of the Control of
(San Fransisco	State	Zip Code 941 00	4	FEC Identification Number
Ī		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C
	Purpose of Disbursement Accumt Maintonona Candidate Name	(Prorest	real)		
(Candidate Name		a	Category/	Amount of Each Disbursement this Period
7	Office Sought: House Disburser	ment For:		Туре	7 6 3
,	Senate Disburser	Primary	General		
	President	Other (spec		-	. Memo Item
	State: District:				in the second se
	Full Name (Last, First, Middle Initial)				Date of Dishussesses
В.					Date of Disbursement
i	Mailing Address				WAN / DOO / VAVAVA
_			TZ: _		ออกสารแก้สองสารกับ น้างแบบเป็นการเหมื
(City	State	Zip Code		FEC Identification Number
1	Purpose of Disbursement				C
_		_		- "	
(Candidate Name			Category/	Amount of Each Disbursement this Period
:	Office Sought: House Disburse	ment For	<u> </u>	Туре	and the second s
,	Office Sought: House Disburse!	ment For: Primary	General .	j	
	President	Other (spec	لببا		Memo Item
	State: District:				Memo Item
	Full Name (Last, First, Middle Initial)				Data of Dill
C.					Date of Disbursement
	Mailing Address				M
			Т]	Brown Street Commission of Street Street
1	City	State	Zip Code	Ţ	FEC Identification Number
	Purpose of Disbursement		1		C
	·				
:	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For:		Туре	and the second s
	Senate Disburse	ement For: Primary	General		Commission of the control of the con
	President	Other (spec	J		Memo Item
	State: District:	·			Base Highlio Item
					2
SI	UBTOTAL of Disbursements This Page (optional).			·····	2.63
T/	OTAL This Period (last page this line number only	 1			263
ı '`	The Fallo (not page this line number only	,,	***************************************		

SCHEDULE C (FEC Form 3X) LOANS

OANS	,			Use separate sch for each category Detailed Summar	of the	PAGE C	OF E 13 OF FORM 3X
NAME OF COMMITTEE (In Full)				^		· · · · · · · · · · · · · · · · · · ·	
ω	0 111	f the	Pesel	e PAC			
LOAN SOURCE Full Name (La Mailing Address					o Item Ele	ection: Primary General Other (spec	ify) ▼
			T710 0				
City		State	ZIP Cod	le			
Original Amount of Loan			•			_	at Close of This Period
TERMS Date Incurred		M / 0 0	Date Due		st Rate	% (apr)	Secured: Yes No
List All Endorsers or Guaranto 1. Full Name (Last, First, Middle	A CONTRACTOR OF THE PARTY OF TH	o.Loan Source		Name of Employer			
Mailing Address				Occupation	, <u>, , , , , , , , , , , , , , , , , , </u>		
City.	State	ZIP Code		Guaranteed			
2. Full Name (Last, First, Middle	Initial)			Name of Employer			,
Mailing Address				Occupation .			
City	State	ZIP Code		Amount Guaranteed Outstanding:	~ -		
3. Full Name (Last, First, Middle	Initial)			Name of Employer	•	,	
Mailing Address				Occupation			
City	State	ZIP Code	,	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	Initial)		·	Name of Employer		3_36,	18.
Mailing Address				Occupation			
City	State	ZIP Code	-	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Pag	e (optional)			·····			0.00
TOTALS This Period (last page in	this line onl	y)		· · · · · · · · · · · · · · · · · · ·			<i>0</i> .0 U
Carry outstanding balance only to	LINE 3, Sc	hedule D, for the	is line. If ı	no Schedule D, car	rry forward	to appropri	ate line of Summary.

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

Supplementary for Information found on Page _____ of Schedule C

rederal Election Commission, Washington, D.C. 20403			
NAME OF COMMITTEE (In Full)	4		FICATION NUMBER
Will of the People	(HAC		
LENDING INSTITUTION (LENDER)	Amount of Loan	Inter	rest Rate (APR)
Full Name			%
Mailing Address		THE WAY ! FORT	7 / 7 7 7 7 7 7 7
	Date Incurred or Established		
City State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurred	MUN / DV	
B. If line of credit, Amount of this Draw:	Balance:		
Anodit of this blank.			
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? st be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the le	oan: real estate, personal	Vhat is the value of	f this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other			
No Yes If yes, specify:			
		· . — .	ve a perfected security No Yes
E. Are any future contributions or future receipts of intere	, ,	Vhat is the estimate	ed value?
collateral for the loan? No Yes If yes, s			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
Line Hall V London V Land Andrew	·	·····	
	City, State, Zip:		
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER (1 44 /L)	11,	DATE	,
Typed Name Roset Get	w	MAN / POT	DI/ YAYAYUYI
Signature MM LM	~~	0.119	2017
H. Attach a signed copy of the loan agreement.			
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te	rms of the loan and other informa	tion regarding the	extension of the loan
 are accurate as stated above. II. The loan was made on terms and conditions (incomplete similar extensions of credit to other borrowers of 	cluding interest rate) no more fav	orable at the time th	nan those imposed for
III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	a loan must be made on a basis		lyment, and has
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name	 	14 THE P	6 / ******
Signature	ile		

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

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

OF

cluding Loans		•	for each numbered line)	(check only one)	9
AME OF COMMITTEE (In Full)	Danal	a DAC			L' <u>`</u> ,
A. Full Name (Last, First, Middle Initial) of Debtor		e PAC	Notice of	Daht (Dumana)	
A. Full Name (Last, First, Middle Initial) of Deotor	or Creditor		Nature of	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period		ment This Period		ding Balance at Close of	
		Anna Anna 170 maile ann an A		-13/in-didi27:de	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):	· · · · · · · · · · · · · · · · · · ·
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period		ment This Period		iding Balance at Close	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):	······································
Mailing Address	<u> </u>				
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period		yment This Period		nding Balance at Close	
1) SUBTOTALS This Period This Page (optional)					006
2) TOTALS This Period (last page this line number	only)		Station Course	and the second s	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	>		000
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	_ [_		0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES			•	PAGE OF CORM 3X
NA	AME OF COMMITTEE (In Full)		·		FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
	Will of the Per	ople	PAC		C
Ch	neck if 24-hour report 48-hour report	New repo	•	rt filed	on / 000 / 7074707
	Full Name of Payee		☐ Memo I	Item	Date of Public Distribution/Dissemination
	Mailing Address				Amount
	City Stat	e	Zip Code		
	Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation
	Name of Federal Candidate:		Support Oppose	Office	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought			Disbu	ursement For:
	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address				Amount
	City	te	Zip Code		Date of Disbursement or Obligation
	Purpose of Expenditure		Categoryi Type		Date of Disbursement of Obligation
	Name of Federal Candidate:		Support Oppose		e Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought			Disb	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures			•	006
	(b) SUBTOTAL of Unitemized Independent Expenditures			• •	608
	(c) TOTAL Independent Expenditures			• • • • • • • • • • • • • • • • • • •	0.60
	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized	reported herein were committee or agent of	not m of eithe	nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
	Signature Signature		Date	· [6	1 (5 /2017)

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only	by Political Committees in the Gen	eral Election) FOR LINE 25 OF FORM 3X
AME OF COMMITTEE (In Full)	^ ^	
Will of the		
as your committee been designated to make	Full Name of Subordinate Committee	
pordinated expenditures by a political party committee? YES NO		
YES. name the designating committee:	Mailing Address	
	City	1 Ctot- 1 7/2 O 1
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
		Category/
Mailing Address		Date Type
City State	Zip Code	BOO / YOUNG
Name of Federal Candidate Supported Office Sough		Amount
	Senate District:	
Aggregate General Election	1 residential	
Expenditure for this Candidate		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Europeliture
ruii Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
		_ Category/
Mailing Address		Type Date
City State	Zip Code	Date , Day ,
Name of Federal Candidate Supported Office Soug	ht: House State:	Amount
1	Senate District:	
Secretary of the second	Presidential	
Aggregate General Election		
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
Mailing Address		Category/ Type
		Date
City	Zip Code	
Name of Federal Candidate Supported Office Soug		Amount
	Senate District:	
Aggregate General Election	1 Fresidential	
Evnenditure for this Candidate		
	·	
SUBTOTAL of Expenditures This Page (optional)		000
		
TOTAL This Period (last page this line number only)	•	000

PAGE \

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (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
Indicate ratio below
Federal
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only
·

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full)	
Will of the People PAC	
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 fed expenses must equal the federal proportion of monies raised. 	eral proportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit exwhere the federal proportion of disbursements is based on the benefit derived by feder tivity. For PACs Only: Direct candidate support includes public communications or vote federal and nonfederal candidates, regardless of whether there is a reference to a polit are allocated using a time/space method.	al candidates from the ac- r drives 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:	
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	1% La 4 : 1%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	NOUS TO SOME
ACTIVITY IS:	NONFEDERAL %
Fundraising Direct Candidate Support	. % %
CHECK IF THE RATIO IS: New	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	NOM EBEIORE 78
Fundraising Direct Candidate Support	1 % 1 % 1 %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	
Fundraising Direct Candidate Support	% %
CHECK IF THE RATIO IS:	manufic Common C
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL 9	NONFEDERAL %
ACTIVITY IS:	TOW COLLECT
Fundraising Direct Candidate Support	% %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	

SCHEDULE H3 TRANSFERS FRO ALLOCATED FED

TOTAL This Period (Total Amount Transferred).....

SCHEDULE H3 (FEC FORM 3X) FRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF
NAME OF COMMITTEE (In Full) Will of the People PA	FOR LINE 18a OF FORM 3X
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	·
a)	
b)	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	
b)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	ED .
TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	000
TOTAL This Period (Exempt Activities)	1.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE ((7		
FOR LII	NE 21a	OF	FORM	3X

NA	ME OF COMMITTEE (In Full)	of the	POOPLE	DAI	
Ā.	Full Name (Last, First, Middle Initial)	<u> </u>		☐ Memo Item	Allocated Activity or Event:
	Mailing Address				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:	L			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
B.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Martin Address				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/ Type	Date / Dod / Your
	FEDERAL SHARE	+ 1	NONFEDERAL	_ SHARE	= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)	· <u> </u>		Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	J			Allocated Activity or Event Year-To-Date
					
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAI	L SHARE	= TOTAL AMOUNT
			Annual market share		
					Constant Constant Constant
s	UBTOTAL of Allocated Federal and NonFederal	Activity This I	Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
T	OTAL This Period (last page for each line only)(l				
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

To be used by State, District and Local Party Committees Only)	PAGE OF 1 FOR LINE 186 OF FORM 3X
NAME OF COMMITTEE (In Full) WILL OF the PEOPLE DAT	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGISTR	
Total Amount Transferred for Voter Registration	
V	OTER ID
Total Amount Transferred for Voter ID	
The enter all reproductions and 2 designs through the enter all reproductions and 2 designs through the enter all reproductions and 2 designs through the enter all reproductions are all reproductions and 2 designs through the enter all reproductions are all reproductions and 2 designs through the enter all reproductions are all reproductions and 2 designs through the enter all reproductions are all reproductions ar	GOTV
iii) GOTV Total Amount Transferred for GOTV	
	OSNESIO CANDAGA ACTULTY
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
VOTER REGISTR	
Total Amount Transferred for Voter Registration	
Commissioners (Secretary) against contribution of the contribution	OTER ID
ii) Voter ID Total Amount Transferred for Voter ID	San Marian Control Control Control Control
Total Amount Transferred for Voter ID	And The American
· · · · · · · · · · · · · · · · · · ·	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
	<u> </u>
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
Emails section of sect	
TOTAL This Period (Voter Registration)	<u>. ()()</u> ()
TOTAL TIL D. C. L. (Marco 10)	
TOTAL This Period (Voter ID)	0.00
TOTAL This Period (GOTV)	0.00
The state of the s	
TOTAL This Period (Generic Campaign Activity)	000
liane	
TOTAL This Period (Total Amount of Transfers Received)	000

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	1	
FOR L	INE 30a	OF	FORM	3)

AME OF COMMITTEE (In Full)	C A .		^ · · ·	70.4
	$\mathcal{N}:\mathcal{N}$	of the	rpalle 1	4C
A. Full Name (Last, First, Middl	e 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		
	Otale	Zip Gode		Frankli / Sapanas / Longopanashin
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHAF		LEVIN	SHARE	= TOTAL AMOUNT
		en allemande de la marche de la constante de l		
B. Full Name (Last, First, Middl	e Initial) / Full Orga	anization 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		
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date Date
FEDERAL SHAF		LEVIN	SHARE	TOTAL AMOUNT
harden Tim Condon Frank				
C. Full Name (Last, First, Middle Initial) / Full Organization Name				
				Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHAF		LEVIN	SHARE	= TOTAL AMOUNT
leavestieren der en de en eine de en de en de				
UBTOTAL of Shared Federal and FEDERAL SHAF	-	_	SHARE	= TOTAL AMOUNT
T COLUMN				
OTAL This Period (last page for		eral share to 30(a)(i)	and Levin share to	0 30(a)(ii))
FEDERAL SHAF	RE	(-)(/	- ·· ·	TOTAL AMOUNT
			SHARE	
OTAL This Period for the Levin S	Share		- 25. G & 22. K	
	R			TO SEE

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME	NAME OF COMMITTEE (In Full) Will of the People PAC				
NAME OF ACCOUNT					
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)				
	(b) Unitemized				
•	(c) Total				
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID				
	(c) GOTV				
	(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS				
9.	SUBTOTAL(Add Lines 7 and 8)				
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 FO (che

	_	
R LINE NUMBER: eck only one)	1a	

PAGE

OF

Aggregation Page 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) Date of Receipt Mailing Address Amount of Each Receipt this Period City Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt B. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMB	ER:	PAG	<u>E</u>	k	OF ·	1_
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	1 1	4b	ነ ነ	4d		

OF LEVIN FUNDS Aggregation Page 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 rame 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 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 Date of Disbursement В. 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 C. 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 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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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	iness 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):	of Receipt or Postmarked
PREPARER	1/30/17
(3/2015)	DATE PREPARED