

**FEC
FORM 3X**

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

RECEIVED
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12FE4M5

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

GYS Government Solutions Inc PAC

ADDRESS (number and street) 7121 Fairway DR Suite 301

Check if different than previously reported. (ACC)

Palm Beach Gardens FL 33418

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00514406

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2013 through 09/30/2013

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

Type or Print Name of Treasurer Gary Sayers

Signature of Treasurer *[Signature]* Date 10/01/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

13031121583

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

G4S Government Solutions Inc. PAC

Report Covering the Period:

From:

07 / 01 / 2013

To:

09 / 30 / 2013

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/> <i>2013</i>	<input type="text" value=""/>	<input type="text" value=""/> <i>14,867.66</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value=""/> <i>13,315.16</i>	<input type="text" value=""/>
(c) Total Receipts (from Line 19)	<input type="text" value=""/> <i>3,294.00</i>	<input type="text" value=""/> <i>4,741.50</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value=""/> <i>16,609.16</i>	<input type="text" value=""/> <i>19,509.16</i>
7. Total Disbursements (from Line 31)	<input type="text" value=""/>	<input type="text" value=""/> <i>3,000.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value=""/> <i>16,609.16</i>	<input type="text" value=""/> <i>16,609.16</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<input type="text" value=""/>



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

13031121584

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

645 Government Solutions Inc PAC

Report Covering the Period: From:

07 / *01* / *2013*

To:

09 / *30* / *2013*

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).....

950.00

1,250.00

(ii) Unitemized

2,344.00

3,491.50

(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

3,294.00

4,741.50

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totale to Line 33, page 5)..... ▶

3,294.00

4,741.50

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3,294.00

4,741.50

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

3,294.00

4,741.50

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DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

<p>21. Operating Expenditures:</p> <p>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</p> <p>(i) Federal Share</p> <p>(ii) Non-Federal Share.....</p> <p>(b) Other Federal Operating Expenditures</p> <p>(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</p> <p>22. Transfers to Affiliated/Other Party Committees.....</p> <p>23. Contributions to Federal Candidates/Committees and Other Political Committees.....</p> <p>24. Independent Expenditures (use Schedule E).....</p> <p>25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....</p> <p>26. Loan Repayments Made.....</p> <p>27. Loans Made.....</p> <p>28. Refunds of Contributions To:</p> <p>(a) Individuals/Persons Other Than Political Committees</p> <p>(b) Political Party Committees</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....</p> <p>29. Other Disbursements</p> <p>30. Federal Election Activity (2 U.S.C. §431(20))</p> <p>(a) Allocated Federal Election Activity (from Schedule H6)</p> <p>(i) Federal Share</p> <p>(ii) "Levin" Share.....</p> <p>(b) Federal Election Activity Paid Entirely With Federal Funds</p> <p>(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....</p> <p>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..</p> <p>32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....</p>	<p>[Empty grid boxes for Column A]</p>	<p>[Empty grid boxes for Column B]</p> <p align="center">3,000.00</p> <p align="center">0.00</p> <p align="center">3,000.00</p>
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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	3,294.00	4,741.50
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,294.00	4,741.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

13031121587

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

G4S Government Solutions Inc PAC

Full Name (Last, First, Middle Initial)

A. *Budson, Jean F*

Mailing Address

4800 Dorton Plaza, Suite 380

City

Ft Worth

State

TX

Zip Code

76109-4435

FEC ID number of contributing federal political committee.

C

Name of Employer

G4S Integrated Services

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 27 / 2013

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. *Brinkley, Clyde S*

Mailing Address

6710 Oxon Hill Road Suite 200

City

Oxon Hill

State

MD

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

G4S Government Solutions

Occupation

Retired SR VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 27 / 2013

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

950.00

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

950.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
G4S Government Solutions Inc PAC

13031121589

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

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

TOTAL This Period (last page this line number only).....▶ **0.00**

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred M M / D D / <input type="text"/>	Date Due M M / D D / <input type="text"/>	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------	----------------------------------------------	-----------------------------------------------	----------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

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

13031121590

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C _____	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %	
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y		
City State Zip Code	Date Due M M / D D / Y Y Y Y Y Y		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred M M / D D / Y Y Y Y Y Y	
B. If line of credit, Amount of this Draw: _____	Total Outstanding Balance: _____		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y Y Y		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y 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 terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y Y Y	
Title			

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

NAME OF COMMITTEE (In Full)

13031121592

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			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
-----------------------------	--------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

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

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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

Signature _____ Date / /

13031121593

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

Flat Minimum Federal Percentage

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

or

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

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

13031121595

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

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

Methods of allocation:

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

1303121596

ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	<input type="text"/>
ii) Generic Voter Drive	<input type="text"/>
iii) Exempt Activities	<input type="text"/>
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	<input type="text"/>
b) _____	<input type="text"/>
c) Total Amount Transferred For Direct Fundraising	<input type="text"/>
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	<input type="text"/>
b) _____	<input type="text"/>
c) Total Amount Transferred For Direct Candidate Support	<input type="text"/>
vi) Public Communications Referring Only to Party (Made by PAC)	<input type="text"/>

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<input type="text"/>
TOTAL This Period (Generic Voter Drive)	<input type="text"/>
TOTAL This Period (Exempt Activities)	<input type="text"/>
TOTAL This Period (Direct Fundraising)	<input type="text"/>
TOTAL This Period (Direct Candidate Support)	<input type="text"/>
TOTAL This Period (Public Communications Referring Only to Party)	<input type="text"/>
TOTAL This Period (Total Amount Transferred)	<input type="text"/>

13031121597

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

13031121598

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
City		State	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support			
Zip Code		<input type="checkbox"/> 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 [] / [] / []			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
[]			[]			[]

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
City		State	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support			
Zip Code		<input type="checkbox"/> 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 [] / [] / []			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
[]			[]			[]

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
City		State	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support			
Zip Code		<input type="checkbox"/> 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 [] / [] / []			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
[]			[]			[]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

NAME OF COMMITTEE (In Full) _____

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

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

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

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

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

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

13031121599

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

1303121600

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

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

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

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

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

NAME OF COMMITTEE (In Full)
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	<input type="text"/>	<input type="text"/>
(b) Unitemized	<input type="text"/>	<input type="text"/>
(c) Total	<input type="text"/>	<input type="text"/>
2. OTHER RECEIPTS	<input type="text"/>	<input type="text"/>
3. TOTAL RECEIPTS	<input type="text"/>	<input type="text"/>
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	<input type="text"/>	<input type="text"/>
(b) Voter ID	<input type="text"/>	<input type="text"/>
(c) GOTV	<input type="text"/>	<input type="text"/>
(d) Generic Campaign	<input type="text"/>	<input type="text"/>
(e) Total	<input type="text"/>	<input type="text"/>
5. OTHER DISBURSEMENTS	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS	<input type="text"/>	<input type="text"/>
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	<input type="text"/>	<input type="text"/>
(for Column B, use cash as of January 1st)		
8. RECEIPTS	<input type="text"/>	<input type="text"/>
(from Line 3)		
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
(Add Lines 7 and 8)		
10. DISBURSEMENTS	<input type="text"/>	<input type="text"/>
(From Line 6)		
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/>
(Subtract Line 10 From Line 9)		

13031121601

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

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

PAGE OF

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

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

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Aggregate Year-to-Date

Aggregate field

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

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

Amount field

Amount field

13031121602

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

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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

A.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount field

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

Amount field

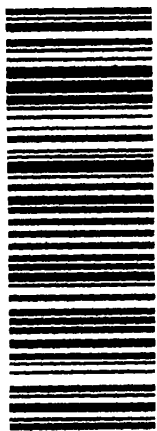
TOTAL This Period (last page this line number only)..... ▶

Amount field

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JB
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 (8/2013)

10/17/2013
 DATE PREPARED

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