

2010 JAN 29 AM 9:36

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COMBAT VETERANS FOR CONGRESS PAC

ADDRESS (number and street)

1925 CENTURY PARK EAST, SUITE 2120



Check if different
than previously
reported. (ACC)

Los Angeles

CA 90067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00469239

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

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

F. Michael L. Curry

Signature of Treasurer

F. Michael L. Curry

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

10030231591

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMBAT VETERANS FOR CONGRESS PAC

Report Covering the Period:

From:

MM ' DD ' YYYY
10 ' 26 ' 2009

To:

MM ' DD ' YYYY
12 ' 31 ' 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	- 0 -	
(b) Cash on Hand at Beginning of Reporting Period.....	- 0 -	
(c) Total Receipts (from Line 19)	1625	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1625	
7. Total Disbursements (from Line 31)	- 0 -	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1625	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	

☐ 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

COMBAT VETERANS FOR CONGRESS PAC

Report Covering the Period:

From:

10 / 26 / 2009

To:

12 / 31 / 2009

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).....

(ii) Unitemized.....

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

(b) Political Party Committees.....

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

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

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3).....

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

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

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

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

16.25

16.25

-

-

16.25

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

16.25

16.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
 - (i) Federal Share
 - (ii) Non-Federal Share
 - (b) Other Federal Operating Expenditures
 - (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)
26. Loan Repayments Made.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees
 - (b) Political Party Committees
 - (c) Other Political Committees (such as PACs).....
 - (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶
29. Other Disbursements
30. Federal Election Activity (2 U.S.C. §431(20))
- (a) Allocated Federal Election Activity (from Schedule H6)
 - (i) Federal Share
 - (ii) "Levin" Share.....
 - (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))..... ▶
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... ▶

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00 -

00 -

00 -

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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

10030231595

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		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)
COMBAT VETERANS FOR CONGRESS PAC

Full Name (Last, First, Middle Initial) A. SPANTON LORE		Date of Receipt 11 / 01 / 2009
Mailing Address 128 WOOSHORE CT.		Amount of Each Receipt this Period 25.00
City COLUMBIA, SC	State Zip Code 29223	
FEC ID number of contributing federal political committee. C00469239		
Name of Employer -	Occupation -	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) B. JOSEPH R. JOHN		Date of Receipt 12 / 01 / 2009
Mailing Address 264 S. LA CIENEGA BLVD., S/E 186		Amount of Each Receipt this Period 500.00
City BEVERLY HILLS	State Zip Code CA 90211	
FEC ID number of contributing federal political committee. C00469239		
Name of Employer -	Occupation SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MICHAEL CURRY		Date of Receipt 12 / 01 / 2009
Mailing Address 1925 CENTURY PARK EAST, SUITE 2120		Amount of Each Receipt this Period 500.00
City LA	State Zip Code CA 90067	
FEC ID number of contributing federal political committee. C00469239		
Name of Employer SELF EMPLOYED	Occupation -	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

10030231596

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

11a 11b 11c 12 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Combat Veterans for Congress PAC

Full Name (Last, First, Middle Initial)

A. Paul Carter

Mailing Address

400 Ocean Gate, Suite 800

City

Long Beach

State

CA

Zip Code

90802

FEC ID number of contributing federal political committee.

C 00469239

Name of Employer

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 2009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Fender

Mailing Address

102 Mountain View Lane

City

Pasadena, Virginia

State

Zip Code

24141

FEC ID number of contributing federal political committee.

C 00469239

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

12 / 2009

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

12 / 2009

Amount of Each Receipt this Period

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

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

**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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Combat Veterans for Congress PAC

Full Name (Last, First, Middle Initial)

A. *None*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

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

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

Amount

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)

Combat Veterans for Congress PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

None

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY MM / DD / YYYY % (apr)

☐ Yes ☐ 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:

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

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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

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

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) <i>COMBAT VETERANS FOR CONGRESS</i>		FEC IDENTIFICATION NUMBER <i>C 00469239</i>	
LENDING INSTITUTION (LENDER) Full Name <i>None</i>		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 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? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>			
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 <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
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 <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
Title			

10030231600

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

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMBAT VETERANS FOR CONGRESS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

None

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>COMBAT VETERANS FOR CONGRESS PAC</i>	FEC IDENTIFICATION NUMBER <i>C 00469239</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>None</i>		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address		Amount <div style="border: 1px solid black; height: 20px;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address		Amount <div style="border: 1px solid black; height: 20px;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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

M M / D D / Y Y Y Y

10030231602

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
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>COMBAT VETERANS FOR CONGRESS PAC</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee: <i>None</i>	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶			
SUBTOTAL of Expenditures This Page (optional).....▶			
TOTAL This Period (last page this line number only).....▶			

10030231603

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)

COMBAT VETERANS FOR CONGRESS

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 ☐

Federal Election Commission
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JMS

PREPARER

(3/2005)

1/29/10

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