14031242644

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

4 :	. "?	e i	. =	<u>.</u>	HIT	1 -	10
			. Of	fice Us	e Only	,	

1.	NAME C	F TEE (in full)	TYPE	OR	PRINT ▼		mple: If typ r the lines.	ping, type		E4M5	AIL C	ENT	£.33
L	E G A	4171E IN	101W	 _	- - - 	<u> </u>				 		<u> </u>	
AQ	DRESS (n	umber and street)	l i	5 ₁ 2	m _i a _{iDi}	1 ₁ 5 ₁ 0 ₁ N ₁	IAIVIE						
·	thar	ck if different previously orted. (ACC)		T _I E EW					[N ₁ y		0,0,1	_ _6-	
2.	FEC IDI	ENTIFICATION N	IUMBE	R▼		CITY ▲			STATE	A	Z	P CO	DE 🛦
	C 0	05535	٥ 3			3. IS THIS REPORT	/	NEW (N) OR		AMEN (A)	IDED		
4.	TYPE (Choose	OF REPORT One)	(b) Mor Rep Duc	•	Feb 20 (M2) Mar 20 (M3)	•	May 20 (M5	•	Aug 20 Sep 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Que	rterly Reparts:				• •			,	Oct 20	` .		(Non-Election Year Only)
		April 15 Quarterly Report	(Q1)	<u></u>		Apr 20 (M4)		Jul 20 (M7)					Jan 31 (YE)
		July 15 Quarterly Report	(Q2)	(c)	12-Day PRE-Electio	n	Primary (13	·	G	ieneral (12	G)		Rumoff (12R)
		October 15 Quarterly Report	•		Report for the	he:	Convention	ı (12C)	S	pecial (128	5)		
		January 31 Year-End Report			E	Election on	NT 1M	/ D D /	Y Y	Y Y		n the State of	f
		July 31 Mid-Year Report (Non-elect Year Only) (MY)		(d)	30-Day POST-Electi Report for the		General (3	0G)	R	unoff (30R)		Special (30S)
		Termination Repo (TER)	π		E	Election on	M M	/ D D /	YY	Y Y		n the State of	f ,
5.	Covering	Period 0	-M /	°	1 2 C	14	through	M A	3 3	D /)	20	14	
C	ertify that	have examined	this Re	port a	and to the be	est of my kno	wledge and	belief it is t	rue, com	rect and c	omplete		
Тур	e or Print	Name of Treasur	rer <u>1</u>	ary	in Kurz	<u>-</u>							
Sig	nature of	Treasurer	Ya	ry		S			Date	04	() 5	ć ,	2014
NO	TE: Submi	ssion of false, erro	neous.	or inc	omplete infon	mation may su	bject the p	erson signing	this Rep	ort to the	penalties	of 2 l	J.S.C. §437g.
l	Off U:	ice se										FOR v. 12/20	M 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Legalize NOW Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2014 January 1, 0.00 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 0.00 (c) Total Receipts (from Line 19) 0.00 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 0.00 0.00 0.00 Total Disbursements (from Line 31)...... 0.00 Cash on Hand at Close of Reporting Period 0.00 (subtract Line 7 from Line 6(d))..... 0.00 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) -0.00 10. Debts and Obligations Owed BY the Committee (Itemize all on

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Schedule C and/or Schedule D)

For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

regalize NOW

			•••	•	_	_	•	•	•					***	•	-	_	•	•	•	•	•
Report Covering the Period:	From:	٥	1		0	1		2	0	14	t	To:	C	3		3	1		2:	D	14	L

ns (other than loans) From: luals/Persons Other Political Committees mized (use Schedule A) itemized DTAL (add nes 11(a)(i) and (ii)	7	7	0.00	; 3 ,		
Political Committees mized (use Schedule A) nitemized DTAL (add		,	0.00	_		
mized (use Schedule A) nitemized DTAL (add		,	0.00	_		
niternized		,	0.00	,		
OTAL (add	,			3	,	0.00
		7	0.00	7	,	0.00
	,	7	0.00	7 ,	,	0.00
al Party Committees	,	,	0.00	j	,	0.00
Political Committees	•	•	~ () -		•	••
	,	,	8.00	,	,	0.00
ii), (b), and (c)) (Carry			0.00	1		_
to Line 33, page 5)▶	,	,	0.00	, ,	,	,0.00
			_	4		
mittees	,	,	0.00	7	,	0.06
Received	,	7	0.00	9	,	0.00
lyments Received			0.00	1		0.00
	,	,	. • •	7 .	,	,0.0
Rebates, etc.)				r		:
uls to Line 37, page 5)			0.00			0.00
Contributions Made	,	,		, ,	,	
Candidates and Other				1		:
ommittees	,	,	0.00	•	,	0.00
•	•			r	•	<u> </u>
•	,	,	0.00	5 "	,	0.06
			006	¥		000
Schedule ris)	,	7	0.00	,	,	0.00
funds (from Schedule H5)	,	,	0.06	,	,	0.06
			- 0.0	4		0 0 0
aristers (add 18(a) and 18(b))	,	,	0.00	,	,	0.0
ipts (add Lines 11(d),				:		y.
, 15, 16, 17, and 18(c))▶	,	,	0.00	y ,	7	000 00.0
				v,		
ine 18(c) from Line 19)▶	,	7	0.00	9	,	OO. O
	Political Committees as PACs)	as PACs)	as PACs)	as PACs)	as PACs)	as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements		COLUMN al This P	1	CO Calendar	LUMN B	
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal				Valendal	i cai -tu	
	Activity (from Schedule H4) (i) Federal Share	,	,	0.00	,	,	6.00
	(ii) Non-Federal Share			0.0 D	:		0.00
	(b) Other Federal Operating	,	,	_	,	,	, 0.00
	Expenditures	,	,	0.00	,	,	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶			0.00			^ ^ ^
22.	Transfers to Affiliated/Other Flarty	,	,	· _	"	,	0.00
23.	CommitteesContributions to	,	,	0.00	,	3	0.00
	Federal Candidates/Committees and Other Political Committees	,	,	0.00	; • • •	,	0.00
24.	Independent Expenditures	,	,	0.00	-	,	
25.	(use Schedule E) Coordinated Party Expenditures	,	,	0.00	7	,	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	,	,	0.00	,	,	0.00
26	Loan Repayments Made			0.00			2006
	Loan repayments block-	,	,	0.00	• .	,	0.06
27. 28.	Loans Made Refunds of Contributions To:	,	,	0.00	,	,	0.00
	(a) Individuals/Persons Other Than Political Committees			0.00			0.00
		,	,	0.00	,	,	
	(b) Political Party Coramittees (c) Other Political Committees	,	,	0.00	7	,	0.00
	(such as PACs)	,	,	0.00	,	,	0.00
		,	,	000	•	,	
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶			000	r		0.00
		,	,	0 • 0	, .	,	
29.	Other Disbursements	,	,	0.00	,	,	D.00
30.	Federal Election Activity (2 U.S.C. §431(20))						
	(a) Allocated Federal Election Activity						
	(from Schedule H6) (i) Federal Share	,	,	0.00	,	7	0.00
		,	,		,	,	_
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	5	,	0.00	,	,	0.00
	With Federal Funds	,	,	000	,	,	0.00
	(c) Total Federal Election Activity (add			0.00			000
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	7	,	0.00	7	7	0.00
31.	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	,	,	0.00	7	,	0.00
32.	Total Federal Disbursements						_
	(subtract Line 21(a)(li) and Line 36(a)(ii)						
	from Line 31)	,	,	0-00	,	,	0.00

FEC Form 3X (Rev. 02/2003)

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

Page 5

III. Net Contributions/Operating Ex-COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 0.00 (from Line 11(d), page 3) 0.00 34. Total Contribution Refunds 0.00 (from Line 28(d))..... 0.00 35. Net Contributions (other than loans) 0.00 0.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 000 (add Line 21(a)(i) and Line 21(b))▶ 0.00 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 000 0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one)
NIA	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Legalize Now		
Full Name (Last, First, Middle Initial)		
A.		Date of Receipt
Mailing Address		M M / D D / / Y Y Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	, , , , , , , , , , , , , , , , , , , ,
Hame of Employor	Сосиранон	
Receipt For:	Aggregate Year-to-Date ▼	1/
Primary General		/
Other (specify) ▼	, , , ,	
Full Name (Last, First, Middle Initial)		
B. Mailing Address		Date of Receipt
		M M / D D / Y Y Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C /	, , ,
Name of Employer	Occupation	4
Tallio of Employor	Coodpanon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼		
☐ Origi (shacilà) ▲	/	

State

Occupation

Aggregate Year-to-Date ▼

C

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

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

Zip Code

,

C.

City

Mailing Address

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

Other (specify)

General

federal political committee.

Name of Employer

Primary

Receipt For:

Date of Receipt

Amount of Each Receipt this Period

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FC	R	LINE N	NUN	MBER:		PAC		OF		
(ct	rec	k only	one	9)					•	
1		21b		22	23	24		25		26
		27		28a	28b	28c		29		30

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) egalize Now Full Name (Last, First, Middle Initial) Date of Disbursement **Mailing Address** City State Zip Code Purpose of Disbursement mount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement **Mailing Address** State Zió Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: Honse Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) C. **Date of Disbursement** D D Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)...... TOTAL This Period (last page this line number only)......

SCHEDULE C (F	EC Form 3X)						
LOANS	•		Use separate schedul	e(s)	PAGE	OF	
LUANS	MIA		for each category of the Detailed Summary Page 1	he	FOR LINE 1	3 OF FORM 3	X
NAME OF COMMITTEE	(In Fuli)						
Legalize No	2W						
	ll Name (Last, First, Middl	e Initial)		Ek	ection:	. ; .y .y	
					Primary	•	
				╛┖	General		
Mailing Address] [Other (specify)	*	
City	S	itate ZII	P Code	┨-	/		
Original Amount of	Loan	Cumulative Payme	nt To Date Ba	dance	Outstanding at	Close of This P	eriod
		·			1	Ÿ	
,	,	y	, -		/		
TERMS Date	Incurred	Date	Due Interest Ra	ate/		Secured:	
M M / D D	/ Y Y Y Y M	M / D D /	Y Y Y Y				_
				•	% (apr)	Yes	No
List All Endorsers o	or Guarantors (if any) to	Loan Source					
1. Full Name (Last,	First, Middle Initial)		Name of Employer				
Mailing Address			Occupation				
Iviality Address			Occupation				
			Aprount		,		
City	State	ZIP Code	Guaranteed		_		
			Outstanding:	,	9 ·	•	
2. Full Name (Last,	First, Middle Initial)		Name of Employer				
Mailing Address			Occupation	-			
Cit.	State	ZIP Code	Amount Guaranteed		•		
City	State	ZIP Code	Outstanding:	,	3 ·	•	
3. Full Name (Last,	First, Middle Initial)		Name of Employer		T		
Mailing Address			Occupation				
			Amount				
City	Stafte	ZIP Code	Guaranteed		٦	ŧ.	
			Outstanding:	,	7 1	•)	
4. Full Name (Last,	First, Middle Initial)		Name of Employer			<u> </u>	
Maille - Addison			Occupation				
Mailing Address			Occupation				
			Amount		·····	:	
City	State	ZIP Code	Guaranteed	_	_	_	
	/		Outstanding:	•	.	•	
	,						
SURTOTAL & This Paris	od This Page (optional)				1		
CODICIALS INSTERN	The rage (optional)				, ; , ,	•	
TOTALS This Period (la	ast page in this line only).		>		j j		
Carry outstanding bala	nce only to LINE 3, Schee	dule D, for this lir	ne. If no Schedule D, carry fo	rward	to appropriate	line of Summ	ary.

SCHEDULE C-1 (FEC Form 3X)		Supplementary for
LOANS AND LINES OF CREDIT FROM L	ENDING INSTITUTIONS	
Federal Election Commission, Washington, D.C. 20463	NIA	Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Legalize NOW		C 12 0 6 6 7 6 6 2
a garra Now		C _{0 0553503}
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
	, ,	
Mailing Address		м м / о 5 о / у ў у у
	Date Incurred or Established	- M. M. / D & D / V V V
City State Zip Code	Date Due	i :/
A. Has loan been restructured? No Yes	If yes, date originally incurred	M M / D I D / V V V
B. If line of credit,	Total Outstanding	
Amount of this Draw: , , ,	Balance:	, , , , , , , , , , , , , , , , , , , ,
C. Are other parties secondarily liable for the debt incur	red?	
No Yes (Endorsers and guarantors m	nust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, geods, negotiable instruments, certificates of the property.		What is the value of this collateral?
stocks, accounts receivable, cash on deposit, or other		1 9
No Yes If yes, specify:		
		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of inter	rest income, pledged as	What is the estimated value?
collateral for the loan? No Yes If yes,	specify:	4
		j , j , "
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:	
M M / D D / Y Y Y	City, State, Zip:	
E. M. seither of the hours of sellenged described shows		
F. If neither of the types of collateral described above w the loan amount, state the basis upon which this loan	n was made and the basis on wh	amount pleaged does not equal or exceed nich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		M M / D " D / Y Y Y
		i.
H. Attach a signed popy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the pest of this institution's knowledge, the telling in the second	terms of the loan and other inform	nation regarding the extension of the loan
are ageurate as stated above.		
II. The loan was made on terms and conditions (in signilar extensions of credit to other borrowers of	of comparable credit worthiness.	-
III. This institution is aware of the requirement that complied with the requirements set forth at 11	t a loan must be made on a basi CFR 100.82 and 100.142 in maki	s which assures repayment, and has ng this loan.
AUTHOPIZED REPRESENTATIVE		DATE
Typed Name	Tilla	M M / O ^I O / Y Ŷ Y Y
Signature	Title	1 1

SCHEDULE D (FEC Form 3X)		(Use	separate	P	AGE	OF
DEBTS AND OBLIGATIONS		sch	nedule(s)	FOR LINE		П.
Excluding Loans			or each bered line)	(check only	one)	9
NAME OF COMMITTEE (In Full)				<u> </u>		1.1.0
Legalize NOW						
A. Full Name (Last, First, Middle Initial) of Debtor or Cred	ditor		Nature of D	ebt (Purpose)):	
			:			
Mailing Address			-		1	
City State Zip	Code					
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at	t Close of T	his Period
, , .	, , .			3 .	,	•
B. Full Name (Last, First, Middle Initial) of Debtor or Cred	itor		Nature of D	ebt (Purpose):	
Mailing Address						
City Chate 7in	Code					
City State Zip	Code					
Outstanding Balance Beginning This Period			 	······································		
, , Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at	t Close of T	his Period
rangem mounds this follow	. Lyndik tills i dilod				. 5.000 01	
, , ,	<i>,</i> , .			3	3	•
C. Full Name (Last, First, Middle Initial) of Debtor or Cre	ditor		Nature of D	ebt (Purpose):	
Mailing Address						
0.5	7in Code					
City State	Zip Code					
Outstanding Balance Beginning This Period						
, , /.						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance a	t Close of T	This Period
, ,/ .	, , .			y ,	,	•
1) SUBTOTALS This Period This Page (optional)		>		j	• :	•
2) TOTALS This Period (last page this line number only)		>		5	,	•
3) TOTAL OUTSTANDING LOANS from Schedule C (last p	page only)	>		;	, ·	•
4) ADD 2) and 3) and carry forward to appropriate line of 5	Summary Page (last page or	nly) ▶		,	,	

SCHEDULE E (FEC FORM 3X)		_	
ITEMIZED INDEPENDENT EXPENDITURES		NIA	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ¥
Legalize NOW			C 0 0 5 5 3 5 0 3
Check if 24-hour report 48-hour report	New rep	ort Amends repo	
			1 :
Full Name of Payee			Date of Public Distribution/Dissemination
Mailing Address			Amount
			, / ;
City	State	Zip Code	, , , , .
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y i x
Name of Federal Candidate		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Discursement For: Primary General
	, ,	· · /	Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
			M M / D D / Y V Y Y
Mailing Address			Amount
			# · · · · · · · · · · · · · · · · · · ·
City	State	Zip/Code	, , , .
D	/	<u>/</u>	Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	M M / D / Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:
1		Oppose	President Senate State:
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought	, ,	•	Other (specify)
	•		J 5
(a) SUBTOTAL of Itemized Independent Expenditure	es		·· •
			4 9
(b) SUBTOTAL of Unitemized Independent Expendi	tures	4407 5406 4 7116 5 11 11 11 11 11 11 11 11 11 11 11 11 1	, , , , , , , , , , , , , , , , , , ,
(c) TOTAL Independent Expenditures		•••••	a r •• ▶
			, , , , , , , , , , , , , , , , , , ,
Under penalty of periory I certify that the independ- with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized		
		Date	M M / D D / Y Y Y Y
Signature		_ Date	; ;

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

NIA

PAGE

OF

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. \$441a(d))

2 U.S.C. §441a(d)) (To be used only	by Political Committees in	the General Election)	FOR LINE 25	OF FORM 3X
IAME OF COMMITTEE (In Full)				
Legalize NOW				
las your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Co	ommittee		/
YES, name the designating committee:	Mailing Address			
	City	Stat	te ZIP C	ode
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expe	enditare	
				Category/
Mailing Address		Date		Туре
City State	Zip Code		י י ל (י י י	Y Y
Name of Federal Candidate Supported Office Sough	Senate District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶ ,	Presidential I	,	ÿ	c
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expe	enditure	
Mailing Address				Category/ Type
City State	Zip Code	Date M M / I	D / Y Y	y y
Name of Federal Candidate Supported Office Sough	Senate District:	Amount	1	
Aggregate General Election Expenditure for this Candidate ▶	Presidential I	9	5	• .
Full Name (Last, First, Middle Initial) of Eagh Payee		Purpose of Expe	enditure	
				Category/
Mailing Address		Date	······································	Туре
City State	Zip Code	Rd 30 / 4	א ץ / ס כ	Y Y
Name of Federal Candidate Supported Office Sough	Senate District:	Amount	1	
Aggregate General Plection Expenditure for this Candidate ▶ ,	Presidential 1	,	9	a :
SUBTOTAL of Expenditures This Page (optional)			· · · · · · · · · · · · · · · · · · ·	
			:5	• .
FOTAL This Period (last page this line number only)		»	,9	• .

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)						
Legalize NOW						
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						
Administrative Generic Voter Drive Public Communications Referencing Party Only						

SCHEDULE H2	(FEC	Form	3X)
ALLOCATION R	ATIOS		

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PAGE	OF

NAME OF COMMITTEE (In Full)							
Legalize Now							
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT						
Methods of allocation:							
 FUNDRAISING activities are allocated using the "funds received method expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of					
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Gnly: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	it derived by federal candi nunications or voter drives	idates from the ac-					
ACTIVITY OR EVENT IDENTIFIER							
ACTIVITY IS:	FEDERAL %	NONFEDERAL %					
Fundraising Direct Candidate Support	. %	. %					
CHECK IF THE RATIO IS:		·					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:							
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	<u>.</u> %					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:	I LBEIVE N	NOW EDETIFIE 76					
Fundraising Direct Candidate Support	. %	<u>.</u> %					
CHECK IF THE RATIO IS: New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:	I ESCIVIE X	NOM EDETULE 70					
Fundraising Direct Candidate Support	. %	. %					
CHECK IF THE RATIO IS: New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER							
	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:							
L Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. %					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER							
ACTIVITY IS:	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support	. %	. %					
CHECK IF THE RATIO IS:	, %	e, %					
New Revised Same as Previously Reported		ļ					

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

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PAGE OF

			<u> FC</u>	OR LINE 18	a OF FORM 3X
NAME (OF COMMITTEE (In Full)	.10.1			
	Legalize	Non			
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMO	UNT TRAN	SFERRED 🍃
		W M / D D / Y Y Y		i	: /
			,	2 7	/.
BRE	AKDOWN OF TRANSFER RECEIVED			: /	
i)	Total Administrative		,	,	. •
	Generic Voter Drive			:	
			/,	į y	: • •
iii)	Exempt Activities		,	; 5	•
iv)	Direct Fundraising (List Activity or Event Ide	entifier)			
ŀ	a)				
		, , , .			
	b)	- , ,			
	c) Total Amount Transferred For Direct Fundr	raising	3	; ; •	. •
(v)	Direct Candidate Support (List Activity or E	vent Identifier			
	a)	- / , , .			
	b)	/ , , .			
				1	
	c) Total Amount Transferred For Direct Landi	oate Support	,	! 5	2
vi)	Public Communications Referring Only to	Party (Made by PAC)	,	į ,	. •
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVED)		
TOTAL	This Period (Administrative)	······································			
				I	
TOTAL	This Period (General Voter Drive)	······································	, .	u 1	
TOTAL	This Period (Exempt Activities)	······	3	•;	
TOTA	This Period (Direct Fundraising)		_	:	
·OINL	The I speed (Sheet I understrig)	······································	,	1	
TOTAL	This Period (Direct Candidate Support)		, ,	•	9
TOTAL	This Period (Public Communications Referring	Only to Party)	,	; 1.	• 1
TOTAL	This Period (Total Amount Transferred)		,) 5	•

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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PAGE		С	F		
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N/	ME OF COMMITTEE (In Full)			
Ā.	Full Name (Last, First, Middle Initial)			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:			Allocated Activity or Event Year To-Date
	Activity or Event Identifier:		Category/	M M / D / Y Y Y
			Туре	Date
	FEDERAL SHARE + N	NONFEDERAL	SHARE	= TOTAL AMOUNT
_	, , , , ,	7	•	, , , .
B.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt Voter Driva 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	7 . 5 F
	FEDERAL SHARE + N	NONFEDERAL	/	= TOTAL AMOUNT
	, , , ,	/,	•	, , , , , , , , , , , , , , , , , , ,
C.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: 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:		0.4	, ,, ,
			Category/ Type	M M / D D / Y Y Y Date
	FEDERAL SHARE + N	ONFEDERAL	SHARE	= TOTAL AMOUNT
	, , /. ,	,	-	, , , , , ,
S	UBTOTAL of Allocated Federal and NonFederal Activity This P	-		
	FEDERAL SHARE + N	IONFEDERAL	SHARE	= TOTAL AMOUNT
T	OTAL This Period (last page for each line only)(Federal share	, , to 21(a)(i) and		, , , are to 21(a)(ii))
	FEDERAL SHARE N	IONFEDERAL	SHARE	TOTAL AMOUNT
	/, , .	, ,	•	, j ,

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL EL** (To be used by State, District NAME OF COMMITTEE (In Full)

E OF CO			
	MMITTEE (In Full)	01,5,010()	
	Leo	alize NOW	
AME OF	ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		M M / O O / Y Y Y	y , , , , , , , , , , , , , , , , , , ,
			3 3 - 3
DEAKDO	WIN OF THIS TRANSFER	······································	
	WN OF THIS TRANSFER	VOTER REC	GISTRATION
i)	•		
	Total Amount Transferred for V	oter Registration	, .
ii)	Voter ID		VOTER ID
•	Total Amount Transferred for V	oter ID	, . /
		,	GOTV
iii)	GOTV	2071	
	iotal Amount Transferred for G	OTV	, ,
ivì	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
,	·	Generic Campaign Activity	/
		·	, , ,
AME OF A	ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		M M / D D / Y Y Y	
			, , .
HEAKDO	WN OF THIS TRANSFER	OTER RE	GISTRATION
i)	Voter Registration		
	Total Amount Transferred for V	oter Registration,	, -
(1)	Voter ID		VOTER ID
,	Total Amount Transferred for V	/oter ID	
		,	GOTV
iii)) GOTV		GOTV
	Total Amount Transferred for G	GOTV	, , ₁ .
inci) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
,		Beneric Campaign Activity	· · · · · · · · · · · · · · · · · · ·
			9 9
	TOTAL S EO	BREAKDOWN OF TRANSFER RECEIVE	ED (I get Bage Only)
	IUIALS FUN	BHEARDOWN OF THANSFER RECEIVE	to (Last Page Offiy)
TOTA	AL This Period (Voter Begistratio	n),	, -
ATOT	AL This Period (Voter ID)		,
		•	1
TOTA	AL This Period (GOTV)		3 3
	/		5 1°
			Ţ.
	AL This Period (Generic Campaid	ın Activity)	:
	AL This Period (Generic Campaig	gn Activity)	···· , , , , , , , , , , , , , , , , ,

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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PAGE OF FORM 3X

		1
NAME OF COMMITTEE (In Full) Legalize NOW		
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
Mailing Address	·	Allocated Activity or Event Year-To-Date
City State Zip Code		, /, .
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
, , , ,		, , , , , ,
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	/	Allocated Activity or Event Year-To-Date
City State Zip Code		, , ,
Purpose of Disbursement	Category/ Type	M M / D D / Y Y Y Y Date
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
, , , , , ,	•	y , ; *
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
Walling / Caroto		Anotaled Activity of Event Teal-10-Date
City State Zip Code		3 , 3
	Category/ Type	N M / D D / Y Y Y Y Date
City State Zip Code	Туре	3 3 N M / D D / Y Y Y Y
City State Zip Code Purpose of Disbursement	Type ARE	N M / D D / Y Y Y Y Date
City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SH	ARE .	Date TOTAL AMOUNT
City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SH 3	ARE ARE	Date TOTAL AMOUNT TOTAL AMOUNT
City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SH 3 , , , , , SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH	ARE ARE	Date TOTAL AMOUNT TOTAL AMOUNT
City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SH 3	ARE ARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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E OF COMMITTEE (In Full)	lize NOW						,
E OF ACCOUNT					<u></u>		$\overline{}$
		COLUMN A TOTAL THIS PERIOD			COLUMN B YEAR-TO-DATE		
RECEIPTS FROM PERSONS	<u> </u>		<u> </u>			7;	
(a) Itemized(Use Schedule L-A)	9	9	a		3/	; 3	::
(b) Uniternized	9	3	G		7	5 5 j	
(c) Total	3	9	•		3	. 5	; o ;
OTHER RECEIPTS	5	\$			9	: 5	. .
TOTAL RECEIPTS(Add Lines 1c and 2)	9	9 ,			9	3	, в
TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							:
(a) Voter Registration	,	/,	п		9	. 9	a
(b) Voter ID	5/	5	ם		9	: 9	, •
(c) GOTV	/,	9	1		9	a 9	
(d) Generic Campaign	,	5	s		9	<u>.</u> 9	, •
(e) Total	5	9	a		3	. ,	. •
OTHER DISBURSEMENTS	9	9			9	; 5	. •
TOTAL DISBURSEMENTS(Add Lines 4e and 5)	7	3	a		5	·; 2	., .
BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	9	5	U		9	. 3	. •
RECEIPTS(from Line 3)	9	9	o		9	. 2	
SUBTOTAL (Add Lines and 8)	9	9	п		9	. 9	
DISBURSEMENTS					9	. 9	
ENDING CASH ON HAND(Subtract Line 10 From Line 9)					9		



SCHEDULE L-A (FEC Form 3X)		DAGE OF
	Use separate schedule(s)	PAGE OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not to or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full) LEGALIZE NOW		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
A		
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		3 4 5
There of Employer of Finished Fidure of Education		Aggregate Year-to-Date
Occupation		·/
		3 / 3 *
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.	}	M M / D D; / Y Y Y
Mailing Address		
City State	Zip Code	Arodunt of Each Receipt this Period
,	-,	
Name of Employer or Principal Place of Business		9 ! \$
Occupation		Aggregate Year-to-Date
		5 7 5
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
С.	/	M M / D D , / Y Y Y
Mailing Address		
		Amount of Each Receipt this Period
City State	Zip Code	
Name of Employer or Principal Place of Business		9 . 5
		Aggregate Year-to-Date
Occupation		1 .
/		5 j 5 ; °
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
<u></u>		M M / D D / Y Y Y
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
		9 . 9
Name of Employer or Principal Place of Business		
Occupation		Aggregate Year-to-Date
	ļ	9 <u>.</u> 9
//		

SUBTOTAL of Receipts his Page (optional).....

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

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

4/4

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

FOR LINE NUMBER:	PAGE	(OF
(check only one)	4a	4c 4d	5

OF LEVIN FUNDS	Aggregation Page	☐ 4b ☐ 4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full) Legalize NOV	٨	
Full Name (Last, First, Middle Initial) / Full Organization Nam A.	е	Date of Disbursement
Mailing Address	· ·	M M / D D j / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		y is
Full Name (Last, First, Middle Initial) / Full Organization Nam	е	Date of Disbursement
Mailing Address		M M / D D V Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	ap ome	Amount of Each Dispursement this Period
		, , , .·
Full Name (Last, First, Middle Initial) / Full Organization Nam C.	le	Date of Disbursement
Mailing Address		M M / D D
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		1
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne /	Date of Disbursement
	/	M M / D D ² / Y Y Y Y
Mailing Address		и .
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial) / Full Organization Nam E.	ne	Date of Disbursement
Malling Address		M M / 'a a / Y Y 'Y Y
City State	Zip Code	Amount of Each Dichurcement this Baried
Purpose of Disbursement	Lip Code	Amount of Each Disbursement this Period
		3 ; 5 ; *
SUBTOTAL of Disbursements This Page (optional)	>	, ,
TOTAL This Period (last page this line number only)		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

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Date of Receipt or Postmarked Other (Specify): DATE PREPARED (8/2013)