

**FEC FORM 3X**

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

FEC Form 3X (Rev. 05/2003)  
Write or Type Committee Name  
Office Use Only

1. NAME OF COMMITTEE (in full) **12FE4MS**  
TYPE OR PRINT  Example: If typing, type over the lines.  
Report Covering the Period: From: \_\_\_\_\_ To: \_\_\_\_\_

~~EVERPOWER WIND HOLDING ASSOCIATES, P.A.C.~~  
COLUMN A: \_\_\_\_\_ COLUMN B: \_\_\_\_\_

ADDRESS (number and street) **11251 WATERFRONT PLACE**  
CITY **PITTSBURGH** STATE **PA** ZIP CODE **15204**  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER **C 00490904**  
CITY STATE ZIP CODE  
3. IS THIS REPORT **N** NEW OR **OR** AMENDED

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)  
Mar 20 (M3) Jun 20 (M6)  
Apr 20 (M4) Jul 20 (M7)  
(c) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C)  
Election on \_\_\_\_\_ State of \_\_\_\_\_  
(d) 30-Day POST-Election Report for the: General (30G)  
Election on \_\_\_\_\_ State of \_\_\_\_\_

5. Covering Period **07/01/07** through **12/31/07**

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 **Rebecca New**  
Washington, DC 20543

Signature of Treasurer *[Signature]* Date **01/26/2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Write or Type Name of Candidate **COLUMA** **Disbursements**  
 Calendar Year **2015** **Total This Period**  
**Ever Power Word Holdings, LLC PAC**  
 Report Covering the Period: From: **07 01 2015** To: **12 31 2015**

**I: Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year 2015**

Receipts	Total This Period	Calendar Year 2015
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5,190.00	5,190.00
(ii) Unitemized.....	1,462.00	1,462.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	6,652.00	6,652.00
(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).....	6,652.00	6,652.00
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 M3).....		
(b) Levin Funds (from Schedule M5).....		
(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)).....	6,652.00	6,652.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	6,652.00	120,310.00

2015-02-04 09:00:47.9900

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be apt 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)  
**EverPower Wind Holdings, Inc. PAC**

**A.** Full Name (Last, First, Middle Initial) **Dagges, Jason**  
 Mailing Address **4811 BOWNS ROAD**  
 City **Cable** State **OH** Zip Code **43009**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **EverPower Wind Holdings, Inc.** Occupation **Developer**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**  
 Date of Receipt **1/20/10**  
 Amount of Each Receipt this Period **300.00**

**B.** Full Name (Last, First, Middle Initial) **Edwardsson, Kim**  
 Mailing Address **689 Valleyview Rd.**  
 City **Pittsburgh** State **PA** Zip Code **15243**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **EverPower Wind Holdings, Inc.** Occupation **Controller**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.00**  
 Date of Receipt **Payroll Deduction**  
 Amount of Each Receipt this Period **240.00**

**C.** Full Name (Last, First, Middle Initial) **Emmerton, Neal (William)**  
 Mailing Address **69883 Fatima Way**  
 City **Cathedral City** State **CA** Zip Code **92234**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **EverPower Wind Holdings, Inc.** Occupation **Operations Manager**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **975.00**  
 Date of Receipt **Payroll Deduction**  
 Amount of Each Receipt this Period **900.00**

**SUBTOTAL of Receipts This Page (optional)** **1,290.00**  
**TOTAL This Period (last page this line number only)**

20101020401000070000

**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: 2 OF 2	
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (in Full)  
**EverPower Wind Holdings, Inc. PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Spencer James**

Mailing Address  
**5131 Pembroke Place**

City **Pittsburgh** State **PA** Zip Code **15232**

FEC ID number of contributing federal political committee. **C**

Name of Employer: **EverPower Wind Holdings, Inc.** Occupation: **CEO**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **1-600.00**

Date of Receipt **Payroll Deduction**

Amount of Each Receipt this Period  
**1,200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Strickland, Carol**

Mailing Address  
**215 South Ocean Grande Dr. Unit 302**

City **Ponte Vedra Beach** State **FL** Zip Code **32082**

FEC ID number of contributing federal political committee. **C**

Name of Employer: **EverPower Wind Holdings, Inc.** Occupation: **Chief Admin. Officer**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2,875.00**

Date of Receipt **11/16/2015**

Amount of Each Receipt this Period  
**2,700.00**

**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) **3,900.00**

**TOTAL** This Period (last page this line number only) **5,190.00**

201504201000430

**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"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26		
	<input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
*EverPower Wind Holdings, Inc. PAC*

20161021040300047971

A. Full Name (Last, First, Middle Initial) <i>Hillary for America</i>		Date of Disbursement 11 / 10 / 2015
Mailing Address <i>PO Box 1700</i>		Amount of Each Disbursement this Period <i>2,700.00</i>
City <i>Merrifield</i>	State <i>VA</i>	
Zip Code <i>22116-9559</i>		
Purpose of Disbursement <i>Contribution</i>		
Candidate Name <i>Hillary Clinton</i>		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: -	District:	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<i>2,700.00</i>
TOTAL This Period (last page this line number only).....▶	<i>2,700.00</i>

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

**ITEMIZED DISBURSEMENTS**

FOR LINE NUMBER (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b
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NAME OF COMMITTEE (to Full Name (Last, First, Middle Initial))		Date of Disbursement	
Ever Power Fund Holdings, Inc. PAC		10/06/2015	
Full Name (Last, First, Middle Initial) Cathy Young for Senate		Date of Disbursement	
Mailing Address 100 W. State Street Olean NY 14760		City, State, Zip Code	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 150.00	
Candidate Name Cathy Young		Category/Type	
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District:		Full Name (Last, First, Middle Initial)	
Friends of Schumer		Date of Disbursement	
Mailing Address 480 Third Avenue New York NY 10017		City, State, Zip Code	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 7500.00	
Candidate Name Chuck Schumer		Category/Type	
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District:		Full Name (Last, First, Middle Initial)	
Wyden for Senate		Date of Disbursement	
Mailing Address PO Box 3498 Portland OR 97208		City, State, Zip Code	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00	
Candidate Name Ron Wyden		Category/Type	
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District:		TOTALS This Period (last page in this line only)	
TOTAL This Period (last page in this line only)		19000.00	

20161020401000076922

**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 2 OF 2
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
*Ever Power Wind Holdings, Inc. PAC*

**A.** Full Name (Last, First, Middle Initial) *People for Peduto* Date of Disbursement *11 10 2015*

Mailing Address *PO Box 9161*

City *Pittsburgh* State *PA* Zip Code *15224*

Purpose of Disbursement *Contribution* Amount of Each Disbursement this Period *1,000.00*

Candidate Name *William Peduto* Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) *Pittsburgh (PA) Mayor*

State: District:

**B.** Full Name (Last, First, Middle Initial) *Committee to Elect Chernisky / Smith* Date of Disbursement *11 10 2015*

Mailing Address *200 South Center Street*

City *Ebensberg* State *PA* Zip Code *15931*

Purpose of Disbursement *Contribution* Amount of Each Disbursement this Period *150.00*

Candidate Name *William "BJ" Smith* Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) *Cambria Ct. (PA) Commissioner*

State: District:

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional) *1,150.00*

TOTAL This Period (last page this line number only) *30,50.00*

201502040100040003

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

DEBTS AND OBLIGATIONS

Federal Election Commission, Washington, D.C. 20543

Information found on this form is for reporting purposes only and should not be used for any other purpose.

NAME OF COMMITTEE (in Full)		FEC IDENTIFICATION NUMBER <b>C</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR)
Mailing Address		Date Incurred or Established	City, State, Zip
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		Amount incurred this period	
B. If line of credit, Amount of this credit		Total Outstanding	
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.)		Mailing Address	
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel mortgages, 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? City, State	
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:		Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
A depository account established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		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 Amount incurred this period	
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. 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	

2016-02-04 04:00:47.674



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

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES MADE BY  
LEAGUE COMMITTEES ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

NAME OF COMMITTEE (Print full name) \_\_\_\_\_  
 PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 FOR LINE 28 OF FORM 3X (To be used only by Political Committees in the General Election)

Check if  24-hour report  48-hour report  New report  Amended report

Full Name of Payee \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_  
 Category/Type \_\_\_\_\_  
 Name of Federal Candidate \_\_\_\_\_  
 Calendar Year-To-Date Per Election for Office Sought \_\_\_\_\_

Full Name of Payee \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_  
 Category/Type \_\_\_\_\_  
 Name of Federal Candidate \_\_\_\_\_  
 Calendar Year-To-Date Per Election for Office Sought \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures \_\_\_\_\_  
 (b) SUBTOTAL of Unitemized Independent Expenditures \_\_\_\_\_  
 (c) TOTAL Independent Expenditures \_\_\_\_\_

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 committee is a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2016-02-04 01:00:07.675

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY EXPENSES**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO THE PARTY (BUT NOT A CANDIDATE)**

NAME OF COMMITTEE (Print Name of Committee)

ACTIVITY OR EVENT IDENTIFIER

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Check if the ratio is:  New  Revised  Same as Previously Reported

ACTIVITY OR EVENT IDENTIFIER

FEDERAL % NONFEDERAL %

\_\_\_\_\_ Presidential-Only Election Year (28% Federal)

\_\_\_\_\_ Presidential and Senate Election Year (36% Federal)

\_\_\_\_\_ Senate-Only Election Year (41% Federal)

\_\_\_\_\_ Non-Presidential and Non-Senate Election Year (45% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Check if the ratio is:  New  Revised  Same as Previously Reported

ACTIVITY OR EVENT IDENTIFIER

FEDERAL % NONFEDERAL %

\_\_\_\_\_ Flat Minimum Federal Percentage

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

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

Federal \_\_\_\_\_ %

Nonfederal \_\_\_\_\_ %

ACTIVITY OR EVENT IDENTIFIER

FEDERAL % NONFEDERAL %

Administrative \_\_\_\_\_ Generic Voter Drive \_\_\_\_\_ Public Communications Referencing Party Only \_\_\_\_\_

2010-01-01 10:00:00 AM

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

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

NAME OF COMMITTEE (in Full)

Allocated Activity or Event	Administrative	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Public Comm (rel to party only) by PAC	Vote Drive	Y Y / M M / D D	
	Direct Candidate Support		

<b>BREAKDOWN OF TRANSFER RECEIVED</b>		Purpose of Disbursement:	
(i) Total Administrative		Activity or Event Identifier	
(ii) Generic Voter Drive	Category	Date	
TOTAL AMOUNT		FEDERAL SHARE	NONFEDERAL SHARE
(iii) Exempt Activities		(iv) Direct Fundraising (List Activity or Event Identifier)	

Allocated Activity or Event	Administrative	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Public Comm (rel to party only) by PAC	Vote Drive	Y Y / M M / D D	
Allocated Activity or Event Year-To-Date	Direct Candidate Support		
(c) Total Amount Transferred For Direct Fundraising	Category	Date	
(d) Direct Candidate Support (List Activity or Event Identifier)			
TOTAL AMOUNT		FEDERAL SHARE	NONFEDERAL SHARE

Allocated Activity or Event	Administrative	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Public Comm (rel to party only) by PAC	Vote Drive	Y Y / M M / D D	
Allocated Activity or Event Year-To-Date	Direct Candidate Support		
(e) Total Amount Transferred For Direct Candidate Support	Category	Date	
(f) Direct Candidate Support (List Activity or Event Identifier)			
TOTAL AMOUNT		FEDERAL SHARE	NONFEDERAL SHARE

<b>TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED</b>			
TOTAL This Period (Administrative)		Purpose of Disbursement:	
TOTAL This Period (Generic Voter Drive)	Category	Activity or Event Identifier	
TOTAL AMOUNT	FEDERAL SHARE	NONFEDERAL SHARE	
TOTAL This Period (Exempt Activities)			

<b>SUBTOTAL of Allocated Federal and Nonfederal Activity This Page</b>			
TOTAL This Period (Direct Candidate Support)	FEDERAL SHARE	NONFEDERAL SHARE	
TOTAL This Period (Public Communications Referring Only to Party (Made by PAC))	FEDERAL SHARE	NONFEDERAL SHARE	
TOTAL This Period (Total Amount Transferred)	FEDERAL SHARE	NONFEDERAL SHARE	

2019-02-04 01:00:07.937

**SCHEDULE H5 (FEC Form 3X)**

**SCHEDULE H5 (FEC Form 3X)**

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

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

FOR LINE 15B OF FORM 3X

NAME OF COMMITTEE (In Full) \_\_\_\_\_

NAME OF ACCOUNT Voter Registration	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
B. Full Name (Last, First, Middle Initial) / Full Organization Name		
GENERIC CAMPAIGN ACTIVITY		
Total Amount Transferred for Generic Campaign Activity .....		

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
C. Full Name (Last, First, Middle Initial) / Full Organization Name		
VOTER ID		
Total Amount Transferred for GOTV .....		
Total Amount Transferred for Generic Campaign Activity .....		

<b>TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)</b>		
TOTAL This Period (Voter Registration)	FEDERAL SHARE	LEVIN SHARE
TOTAL This Period (Voter ID)	FEDERAL SHARE	LEVIN SHARE
TOTAL This Period (GOTV)	FEDERAL SHARE	LEVIN SHARE
TOTAL This Period (Generic Campaign Activity)	FEDERAL SHARE	LEVIN SHARE
<b>TOTAL This Period (Total Amount of Transfers Received)</b>		

2016-02-04 01:00:07.678

SCHEDULE L-A (FEC Form 3X)

AGGREGATION PAGE: LEVY FUNDS

Aggregation Page (check only one)

SCHEDULE L-A (FEC Form 3X)

ITEMIZED RECEIPTS OF LEVY FUNDS

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes. If you are using the name and address of any political committee to solicit contributions from such committee, you must first obtain the written consent of that committee.

NAME OF ACCOUNT (in Full) NAME OF COMMITTEE (in Full)

		COLUMN A	COLUMN B
		Full Name (Last, First, Middle Initial) / Full Organization Name	Full Name (Last, First, Middle Initial) / Full Organization Name
1.	RECEIPTS FROM PERSONS (a) Itemized (b) Unitemized (c) Total	City State Zip Code	City State Zip Code
2.	OTHER RECEIPTS	City State Zip Code	City State Zip Code
3.	TOTAL RECEIPTS	City State Zip Code	City State Zip Code
4.	TRANSFERS TO FEDERAL OR ALLEGATION ACCOUNT (a) Voter Registration (b) Voter ID (c) GOTV (d) Generic Campaign	City State Zip Code	City State Zip Code
5.	OTHER DISBURSEMENTS	City State Zip Code	City State Zip Code
6.	TOTAL DISBURSEMENTS	City State Zip Code	City State Zip Code
7.	BEGINNING CASH	City State Zip Code	City State Zip Code
8.	RECEIPTS	City State Zip Code	City State Zip Code
9.	SUBTOTAL	City State Zip Code	City State Zip Code
10.	DISBURSEMENTS	City State Zip Code	City State Zip Code
11.	ENDING CASH ON HAND	City State Zip Code	City State Zip Code

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**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:	PAGE	OF
<input type="checkbox"/> 1	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	U U / D D / Y Y - Y Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	U U / D D / Y Y - Y Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	U U / D D / Y Y - Y Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	U U / D D / Y Y - Y Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	U U / D D / Y Y - Y Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

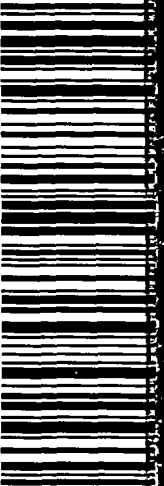
SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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