

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ARAB AMERICAN LEADERSHIP COUNCIL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		2656.29
(b) Cash on Hand at Beginning of Reporting Period.....	1221.32	
(c) Total Receipts (from Line 19)	0.00	251.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1221.32	2907.29
7. Total Disbursements (from Line 31).....	65.15	1751.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1156.17	1156.17
9. 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 Schedule C and/or Schedule D)	6930.77	

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)

Write or Type Committee Name

ARAB AMERICAN LEADERSHIP COUNCIL PAC

Report Covering the Period: From: / / To: / /

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).....	0.00	0.00
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	200.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	10.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	41.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	251.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	251.00

DETAILED SUMMARY PAGE
of Disbursements

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	32.59	500.67
(ii) Non-Federal Share.....	32.56	500.45
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	65.15	1001.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65.15	1751.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32.59	1250.67

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	32.59	500.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	32.59	500.67

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ARAB AMERICAN LEADERSHIP COUNCIL PAC** Transaction ID : **SC/10.4333**

LOAN SOURCE Full Name (Last, First, Middle Initial) Arab American Institute	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 K St, NW Suite 601	
City Washington State DC ZIP Code 20006	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred 05 / 31 / 2013	Date Due 12/31/2013	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1000.00
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 (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4422**
ARAB AMERICAN LEADERSHIP COUNCIL PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Arab American Institute	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 K St, NW Suite 601	
City Washington State DC ZIP Code 20006	

Original Amount of Loan 10.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10.00
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TERMS

Date Incurred: MM / DD / YYYY (03 / 31 / 2014) Date Due: MM / DD / YYYY (4/30) Interest Rate: 0.00 % (apr) Secured: 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).....▶	10.00
TOTALS This Period (last page in this line only).....▶	1010.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ARAB AMERICAN LEADERSHIP COUNCIL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arab American Institute	Nature of Debt (Purpose): Use Of Equipment and Supplies
Mailing Address 1600 K St, NW Suite 601	
City State Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period 5869.77	Transaction ID : SD10.4136	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5869.77

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arab American Institute	Nature of Debt (Purpose): Testing Merchant Terminal
Mailing Address 1600 K St, NW Suite 601	
City State Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period 10.00	Transaction ID : SD10.4421	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Last	Nature of Debt (Purpose): Fraudulent Transactions
Mailing Address 56 Testville Dr.	
City State Testville MS Zip Code 39401	

Outstanding Balance Beginning This Period 20.00	Transaction ID : SD10.4459	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.00

1) SUBTOTALS This Period This Page (optional)..... ▶	5899.77
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 D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ARAB AMERICAN LEADERSHIP COUNCIL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Last	Nature of Debt (Purpose): Fraudulent Transaction
Mailing Address 56 Testville Dr.	
City State Zip Code Testville MS 39401	

Outstanding Balance Beginning This Period 5.00	Transaction ID : SD10.4460	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Last	Nature of Debt (Purpose): Fraudulent Transaction
Mailing Address 56 Testville Dr.	
City State Zip Code Testville MS 39401	

Outstanding Balance Beginning This Period 5.00	Transaction ID : SD10.4461	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Last	Nature of Debt (Purpose): Fraudulent Transaction
Mailing Address 56 Testville Dr.	
City State Zip Code Testville MS 39401	

Outstanding Balance Beginning This Period 10.00	Transaction ID : SD10.4462	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10.00

1) SUBTOTALS This Period This Page (optional)..... ▶	20.00
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 D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ARAB AMERICAN LEADERSHIP COUNCIL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Last	Nature of Debt (Purpose): Fraudulent Transaction
Mailing Address 56 Testville Dr.	
City State Zip Code Testville MS 39401	

Outstanding Balance Beginning This Period <input type="text" value="1.00"/>	Transaction ID : SD10.4463	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1.00"/>

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="5920.77"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="1010.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="6930.77"/>

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)
 ARAB AMERICAN LEADERSHIP COUNCIL PAC

Transaction ID : H1.4470

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ARAB AMERICAN LEADERSHIP COUNCIL PAC

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4467 NPC		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5100 Interchange Way		Allocated Activity or Event Year-To-Date _____ 965.92		
City State Zip Code Louisville KY 40229	001 Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Merchant Fees		Allocated Activity or Event Year-To-Date _____ 965.92		
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 14.98		_____ 14.97		_____ 29.95

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4468 American Express		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 53852		Allocated Activity or Event Year-To-Date _____ 973.87		
City State Zip Code Peonix AZ 85072	001 Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Merchant Fees		Allocated Activity or Event Year-To-Date _____ 973.87		
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 3.98		_____ 3.97		_____ 7.95

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.4469 iTransact		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 999 314 South 200 West		Allocated Activity or Event Year-To-Date _____ 1001.12		
City State Zip Code Farmington UT 84025	001 Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Merchant Processing Fees		Allocated Activity or Event Year-To-Date _____ 1001.12		
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 13.63		_____ 13.62		_____ 27.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 32.59		_____ 32.56		_____ 65.15

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
_____ 32.59	_____ 32.56	_____ 65.15