FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS		RI FEC M 2019 2018 JAN Office Us		
1. NAME OF COMMITTEE (in fu			ample: If typing, er the lines.	type 12	FE4M5		
Federation o	f Employe	rs and Workers	of Americ	a <sub>i</sub> Pol	itical Act	ion Committe	
ADDRESS (number and	street)	1, Bucks Ваурц Н	۲d		╎┤╶┤╶┤╶		
Check if differ than previousl reported. (AC	y IDee	City	╘╌╆╾┸╶┟┈╆╶╨		X 7741	╘╍┙╺╘╺╌╾╾┙	
2. FEC IDENTIFICA	TION NUMBER			STA	TE 🔺		
<b>C</b> 0 0 4 2	2279	3. IS THIS REPOR	Y a	OR	AMENDED (A)		
July 15 Quarterly October 1	Report (Q1)	Monthly Report Due On:	3) <b>[</b> ] Jui	n 20 (M6) I 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)	
January 3 Year-End	Report (YE)	Election on			·····	in the State of	
Year Only	lon-election v) (MY)	d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	<b>[</b> =-1	Runoff (30R)	Special (30S)	
Termination (TER)	on Report	Election on				in the State of	
5. Covering Period 1 1 2 7 2018 through 1 2 3 1 2018 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 Walter L. Evans/Rita Romero - Assistant Treasurer Signature of Treasurer Rita Romero Date 0 1 1 5 2019							
Office	alse, erroneous, or	r incomplete information may	subject the perso	on signing this f	<u> </u>	ies of 2 U.S.C. §437g.	
Use Only						Rev. 12/2004	

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Γ	- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
Ē	Tederation of Employers a	nd Workers of America - P	olitical Action Committee
R	eport Covering the Period: From: 1	1, <u>27</u> <u>2018</u>	
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 201.8		2350.00
	(b) Cash on Hand at Beginning of Reporting Period	2,3,4,4,0,01	
	(c) Total Receipts (from Line 19)	2 4 0 0 0 0	290000
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>		5,25,0.0.0
7.	Total Disbursements (from Line 31)		,5 0 6 0 0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,744,00,	4,744.00
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.01	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	

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

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DET	AILED SUMMARY PAGE	
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
Federation of Employers and	Workers of America - Pol	litical Action Committee
Report Covering the Period: From: 11	To:	12312018
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		م بر در با بر در میر ۲۹۹۵ میر ۱۹۹۵ م
(i) Itemized (use Schedule A)	2 4 0 0.0 0	2,90000
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	2,4,0,0,0,0	2,9,0,0,0,0
(b) Political Party Committees	0.0 0	0.0 0
(c) Other Political Committees		
(such as PACs)	0.00	
(d) Total Contributions (add Lines 11(a)(iiii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	2400,00	2,900,00
12. Transfers From Affiliated/Other Party Committees	0.0 0	0.0 0
		ا از آن از آن از این به این به می واند و میکویست. مسید از از از از از میکوست و این از این میکوست و میکوست و
13. All Loans Received	0.0.0	0,00
14. Loan Repayments Received	0.0 01	0.00
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		<b>,</b>
Political Committees 17. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00:
<ol> <li>Transfers from Non-Federal and Levin Funds</li> <li>(a) Non-Federal Account</li> </ol>		
(from Schedule H3)	0.0 0	0.0 0
		innelineteristiken in eine sone eine eine eine eine eine eine eine e
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b)).	0.0 0	0.0 0
		ten a natar dan nanasi dan menjeri terih sara
19. Total Receipts (add Lines 11(d),		د العراقية و العراقي العراقي العراقي العراقي العراقي . المراقي العراقي
12, 13, 14, 15, 16, 17, and 18(c)) ►	2,400.00	2 9 0 0 0 0
20. Total Federal Receipts		teres a second contract of the second se
(subtract Line 18(c) from Line 19)►	2400.00	2,900,00

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#### **DETAILED SUMMARY PAGE**

of Disbursements

#### FEC Form 3X (Rev. 02/2003)

Page 4

i

	II. Disbursements	COLUMN A Total This Period
21.	Operating Expenditures:	
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	
	(i) Federal Share	0.0.0
	(ii) Non-Federal Share	0.004
	(b) Other Federal Operating	
	Expenditures	
	(c) Total Operating Expenditures	
	(add 21(a)(i), (a)(ii), and (b)) ►	
22.	Transfers to Affiliated/Other Party	0.0 0
23.	Contributions to	
	Federal Candidates/Committees and Other Political Committees	0.0 0
24.	Independent Expenditures	
	(use Schedule E) Coordinated Party Expenditures	0.0.0
25.	(2 U.S.C. §441a(d))	
	(use Schedule F)	
	Loss Decements Made	
26.	Loan Repayments Made	- and the second and the second
27	Loans Made	0.0 0
28.	Refunds of Contributions To:	المينية المراجعة المعالمية (المسلم المسلم من المسلم مراجعين) المراجع معرفة المراجعة المسلم المسلم من المراجع المسلم المسلم المسلم المسلم المسلم المسلم المسلم المسلم المسلم ا
	(a) Individuals/Persons Other Than Political Committees	0.00;
	(b) Political Party Committees	
	(c) Other Political Committees	0.0 0
	(such as PACs)	Sand and a second and a sand a second
	(d) Total Contribution Refunds	
	(add Lines 28(a), (b), and (c)) ►	0.001
29.	Other Disbursements	0.00
30.	Federal Election Activity (2 U.S.C. §431(20))	
	(a) Allocated Federal Election Activity	
	(from Schedule H6)	
	(i) Federal Share	0.0.0
		0.0.0
	(ii) "Levin" Share (b) Federal Election Activity Paid Entirely	and an and the second sec
	With Federal Funds	0.0 0.
	(c) Total Federal Election Activity (add	lanar na sanarita arian kanalanarita na sanaran sa sa
	Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.0 0
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)	

	COLUMN B Calendar Year-to-Date
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#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	2,400,00	2,9.0.0.0
34. Total Contribution Refunds (from Line 28(d))	0.00	0.0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,4,0,0,0,0	, 2, 9, 0, 0, 0, 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.0.0	0.0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.0 0	0.00

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SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1
ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
È		nd Wo	rkers of America -	Political Action Committee
<u>А</u> .	Full Name (Last, First, Middle Initial) Bobby Head Mailing Address P.O. Box 480			Date of Receipt 
	City Eagle	State CO	Zip Code 81631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	مر میں	
	Name of Employer Rocky Mountain Custom Landscapes, Inc. Receipt For:	I	nt/Owner	-
	Primary General Other (specify) ▼		Year-to-Date           2         0         0         0         0	
в.				Date of Receipt
	Mailing Address 47975-259th St. City	State	Zip Code	
	Brandon	SD	57005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	n an	400.00
	Name of Employer Splitrock Landscaping/Nursery Inc.	Occupation Preside	n ent/Owner	
	Receipt For: Primary General Other (specify) ▼	من خان شمار	9 0 0 . 0 0	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			₩ <sup>-</sup>
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	IC!	n Gerner - 1990 Gaardinaan oo faaraan ah	
	Name of Employer	Occupatio	n	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 	
	SUBTOTAL of Receipts This Page (optional)			2400.00
•	<b>FOTAL</b> This Period (last page this line number	only)		2,400.00

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					NUMBER: PAGE OF							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(ch	<u> </u>	conly o 21b	one) 22		23	Г	7 24		25	<u>26</u>
	Detailed Summary Page		$\mathbb{H}$	27	28a	$\vdash$	23 28b	┢	24 28c	$\vdash$	29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	l by a com	any mitt	persor tee to s	n for the solicit co	pur, ntrib	pose oution:	of s f	solicitin from suc	g co :h co	ontribu ommitt	tions ee.
NAME OF COMMITTEE (In Full)			-			-						_
Full Name (Last, First, Middle Initial)						—						
A.					Date of				nent	ব	►_ v-₹	<b>ب</b>
Mailing Address						÷		-	ii e mi i e		- 	1
City S	tate Zip Code			-+								
Purpose of Disbursement	3	7-			Amour	t of	Each	י ר	Disburser	nen	t this I	Period
Candidate Name	į	Cate Ty			ç-₩	<b>,</b> 3	. <b></b> .	س	<u></u>	· '	• .• •:	
President	nent For: Primary [] General Other (specify) ▼											
State: District:												
B.					Date o	f Di ≝: /	_		nent 57-`/ :-1	P* , ~y	r* ¥ .	v *
Mailing Address									-			
City S	State Zip Code											
Purpose of Disbursement					Атоцл	t of	Each	າເ	Disburse	men	t this	Period
Candidate Name	é	Cate Ty	egor ype			- 10-				• _ ~	ن <u>م</u> ر	
	nent For: Primary General Other (specify) ▼				Em familie disadenada dina ta factin							
State: District:												
Full Name (Last, First, Middle Initial) C.					Date c	of D			ment	1 -	y/	. v~
Mailing Address					; "" " " \$===-C+=	- <b>1</b> (	/ D					• •
City S	State Zip Code											
Purpose of Disbursement							. –	ь. <sup>-</sup>				
Candidate Name			ego ype	Amount of Each egory/ ype				·- •		•		
	nent For: Primary General Other (specify) v				604 L. <sup>1</sup> 18	- 24		•		-	A :	-
	<u>.</u>											
SUBTOTAL of Disbursements This Page (optional)				•		حکمہ		- 	· · · · ·			•
TOTAL This Period (last page this line number only)						ليتن العر	بد بر م دونید	 		•.	<b>_~</b> ~	·

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SC	HEDULE B	(FEC Form	3X)	<u> </u>			סר					PA	GF		OF
ITEMIZED DISBURSEMENTS				Use separate schedu		(check only									
			-	for each category of Detailed Summary P				21b 27	22 28a		23 28b	24 28c		25 29	26 30b
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<b></b>	NAME OF COM			*											
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Α.	run Name (Last,	First, Middle Initial)							Date of						_
	Mailing Address											D / /	۷ <sup></sup> - ۲	γ- γ ·	· •
	City			State Zip Code	!										
	Purpose of Disbu	rsement							Amour	nt of	Each	Disburse	emen	nt this	Period
	Candidate Name					Cate T	ego ype		<b>9</b>		-	is to and a Salat state		-	-1 1 - 1 ⊷
	Office Sought:	House Senate President	Disburser	nent For: Primary Gen Other (specify) ▼	eral									·	
	State:	District:													<u></u>
В.	Full Name (Last,	First, Middle Initial)							Date o		-		v	v	- V <sup>- 1</sup>
	Mailing Address								ĨM <sup>™</sup> M <sup>™</sup> / D - D <sup>™</sup> / Y <sup>™</sup> Y - Y - Y <sup>™</sup>						
	City			State Zip Code	•										
	Purpose of Disbu	ursement						> <b>-</b> ,	Amount of Each Disburs			Disburse	emer	nt this	Period
	Candidate Name					Cat					· · · · ·				,
	Office Sought:	House Senate President	Disburse	ment For: Primary Gen Other (specify) ▼	eral		-		landa da da Landa da da				، دیور عداکه		
	State:	District:													
C.		First, Middle Initial)										ement			v
	Mailing Address									i.	D 4 5	D /	-	γ ► Υ •:	• T
	City		•	State Zip Code	9										
	Purpose of Disbu	urpose of Disbursement					<u>; ;</u>	Amount of Each Disbursement this Period							
	Candidate Name		Category Type				* <b>***</b> ********************************	حن ت	• _ •	.*					
	Office Sought:	House Senate President	Disburse	ment For: Primary Gen Other (specify) ▼	neral				• <u>`</u> .	. 91.5	0.	,		t. 5	
Г	State:	District:									سرب مع		-		
4	SUBTOTAL of Dis	bursements This Pa	ge (optional).					••• ▶		<b>1</b> 33	۔ ۔۔ ا		<u>.</u>		
1	TOTAL This Period	d (last page this line	e number only	)		•••••		►	ĺ	<b>.</b>	- <u>1</u> 25-	*_~ 9		- -	

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## SCHEDULE C (FEC Form 3X)

OANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X			
AME OF COMMITTEE (In Full)			<b>1</b>			
LOAN SOURCE Full Name (Last, Fi	st, Middle Initial)		lection:			
Mailing Address			General Other (specify) <b>↓</b>			
City	State ZIP	Code				
Original Amount of Loan	Cumulative Payment		e Outstanding at Close of This Period			
TERMS			andre de Carlande d'a tanti de Carl			
Date Incurred		Academic burners	Secured:			
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Initi		Name of Employer	· · · · · · · · · · · · · · · · · · ·			
Mailing Address	······	Occupation				
City S	tate ZIP Code	Guaranteed	and and a star and a st			
2. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:	and an and the second			
3. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:	با همونه الرواسي الروا هرمندوه الروس ا المرونية الأم المسلم مرافقهمسياتي ا			
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	····			
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:	an a			
SUBTOTALS This Period This Page (or	tional)	,	میں ہیں۔ ۱۳۹۰ ریکس پیشرید ہے ہے اور ایکسوں			
TOTALS This Period (last page in this I			n - na sana ang sang sang sang sang sang sa			
Carry outstanding balance only to LINE	3, Schedule D, for this line	e. If no Schedule D, carry forward	rd to appropriate line of Summary.			

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SCHEDULE C-1 (FEC Form 3X)		Supplementary for
LOANS AND LINES OF CREDIT FROM	LENDING INSTITUTION	S Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address		ليسمي حدد بم الم الم الم الم الم الم الم الم الم ال
City State Zip Code	Date Incurred or Established	
		New Section of the Se
A. Has loan been restructured? No Yes B. If line of credit,	If yes, date originally incurre	
Amount of this Draw:	Total Outstanding Balance:	and a second s
C. Are other parties secondarily liable for the debt in No Yes (Endorsers and guarantor	ncurred? rs must be reported on Schedule C	.)
<ul> <li>D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificate stocks, accounts receivable, cash on deposit, or on the No</li> <li>Yes If yes, specify:</li> </ul>	es of deposit, chattel papers,	What is the value of this collateral?
		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of i collateral for the loan? No Yes If y	interest income, pledged as ves, specify:	What is the estimated value?
A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:	
Date account established:	Address:	
	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this	e was pledged for this loan, or if th loan was made and the basis on v	e amount pledged does not equal or exceed which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature	<u> </u>	
H. Attach a signed copy of the loan agreement.		
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTIC</li> <li>To the best of this institution's knowledge, to are accurate as stated above.</li> </ol>	the terms of the loan and other info ns (including interest rate) no more ers of comparable credit worthiness that a loan must be made on a ba	favorable at the time than those imposed for sis which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	

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SCHEDIILE D (EEC Form 2X)						
SCHEDULE D (FEC Form 3X)	(Use separate					
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one)				
Excluding Loans	numbered line)					
NAME OF COMMITTEE (In Full)						
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Noturo of D	ebt (Purpose):				
Mailing Address						
City State Zip Code						
	ļ					
Outstanding Balance Beginning This Period						
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period				
		an a				
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of C	bebt (Purpose):				
Mailing Address						
City State Zip Code						
Outstanding Balance Baginning This Paried						
Outstanding Balance Beginning This Period	•					
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period				
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	<u>uettentus</u> 1 <u>hantas</u> 1	- 19 Ser Constant and and a series of the se				
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):				
Mailing Address						
City State Zip Code						
	I					
Outstanding Balance Beginning This Period						
Amount Incurred This Period Payment This Period	f Outstand	ing Balance at Close of This Period				
	<u></u>	ang				
have a second se		والمتحمية المحاجة للمحاد المتحاكم				
	<u>,</u>					
1) SUBTOTALS This Period This Page (optional)		a part and the				
a) TOTALS This Desired float area this the surface of a		e en Geeranni (g. Generic) (k				
2) TOTALS This Period (last page this line number only)		ا				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		un an				
		n ann an ann a' san an San Calair an Ann an San San San San San San San San Sa				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page	ge only) 🕨	Las and the second state A				

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SCHEDULE E	(FEC Form	ו 3X)
<b>ITEMIZED INDEP</b>	ENDENT EXP	ENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Check if 24-hour notice 48-hour notice	ter a sector star it within the sector it.
Full Name (Last, First, Middle Initial) of Payee	
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date <sup>**</sup> M <sup>*</sup> - M <sup>*</sup> / <sup>*</sup> , D <sup>*</sup> - D <sup>*</sup> / 1, Y - Y - Y
Mailing Address	Amount
City State Zip Code	، این این این ای این ای
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	میسی دی اور ایریک راست. ایسی دی دی ایریک راستی میریک رستی میریک . ایریک دی دی دی دی دی دی دی دی دی میریک دی میریک .
(b) SUBTOTAL of Unitemized Independent Expenditures	rungen (r. 1909) strangen (r. 1909) ▶ Language Bartin (r. 1900) strangen (r. 1900)
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were in with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Date	
Signature	Dans and a set france for the first set of the

FEC Schedule E (Form 3X) Rev. 02/2003

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#### 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)

NAME OF COMMITTEE (In Full)

PAGE OF

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Election) FOR LINE 25 OF FORM 3X

		- 11 A -					
your committee been designated to make		Full Name	of Subc	rdinate Comm	ittee		
rdinated expenditures by a political party o	committee?						
ES, name the designating committee:		Mailing Ad	dress				
		City		,	S	ate ZI	P Code
Full Name (Last, First, Middle Initial) of E	ach Pavee			-	Purpose of Ex	penditure	
							Category/
Mailing Address					Date		Туре
City	State	Zip	Code		1 M TH /		··· ·· ·· ·· ·· ·· ·· · · · · · · · ·
Name of Federal Candidate Supported	Office Sough	it: Hou:	se	State:	Amount		
		Sena	ate	District:		,	e yan ya ngalaga n
		Pres	idential			Salan and S	And and a second
Aggregate General Election Expenditure for this Candidate ►	······································		······································				
Full Name (Last, First, Middle Initial) of E	ach Pavee				Purpose of Ex	penditure	
					·		Category/
Mailing Address							Туре
City	State	Zip	o Code		Date	и	······································
Name of Federal Candidate Supported	Office Sough	nt: Hou	5P	State:		····	لميند ماده
	emee eeug	Sen		District:	Amount		<b></b>
		Pres	sidential		_		
Aggregate General Election Expenditure for this Candidate ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0			/ <u>}</u>	a.°-≠-€/.u*5_a.f `
Full Name (Last, First, Middle Initial) of E	ach Payee				Purpose of Ex	penditure	
· · · · · · · · · · · · · · · · · · ·							Category/
Mailing Address							Туре
			<u> </u>		Date		
City	State		p Code	·			· · · ·
Name of Federal Candidate Supported	Office Sough			State:	Amount		
		Sen Pres	ate sidential	District:			·
Aggregate General Election Expenditure for this Candidate ►	• • • • • • • •					22-11-12-12	an an the second se
		-					****

FEC Schedule F (Form 3X) Rev. 02/2009

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

## USE ONLY ONE SECTION, A or B

#### A. State and Local Party Committees

Fixed Percentage (select one)

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

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

\_\_\_\_\_ Senate-Only Election Year (21% Federal)

\_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

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

Flat Mini	num Federa	I Percentage		
If the com	mittee will a	llocate using the flat minimun	Im percentage of 50% federal funds, check	
If the con	nmittee is spe	ending more than 50% federa	ral funds, indicate ratio below	
	Federal		······································	
	Nonfederal		······································	
This ratio	applies to (c	heck all that apply):		
Administra	ative	Generic Voter Drive	Public Communications Referencing Party Only	D

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## SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)	·	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE         ACTIVITIES APPEARING ON THIS REPORT.         Methods of allocation:         I. FUNDRAISING activities are allocated using the "funds received method expenses must equal the federal proportion of monies raised.         II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according the second propertion of monies raised.	J" where the federal pro	to be derived,
where the federal proportion of disbursements is based on the benefit d tivity. For PACs Only: Direct candidate support includes public commun federal and nonfederal candidates, regardless of whether there is a refe are allocated using a time/space method.	nications or voter drives	that refer to both
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

		FOR LINE 18a OF FORM
ME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	Income Income Income	
BREAKDOWN OF TRANSFER RECEI	VED	tin the second
i) Total Administrative		
		ار این می دادی می باشد این
ii) Generic Voter Drive		
111) Thomas Anti-Inter-		ى يې يې مې دى يې د يې <del>دې دې وې دې و</del> ستې سې وې يې وې دې وې
		the second s
iv) Direct Fundraising (List Activity or	r Event Identifier)	
		<del></del>
a)	haaaaaa_	
b)		
۵٫ <u></u>		andraethan an teanger a star ann an teanger a star an teanger a star an teanger an teanger an teanger an teange
c) Total Amount Transferred For Di	rect Fundraising	
v) Direct Candidate Support (List Ad		
a)		
	Landandandandandandandandandandan anaratan canadanadan canadandan sa	an Can ( ) Inn Cana) An ( ) Inn Cana)
b)		
		و مینه به محمد در میشند. در میشند میشند از میشند از محمد در محمد در محمد در محمد از محمد در محمد از محمد در مح ا
c) Total Amount Transferred For D	irect Candidate Support	and a set to be a set of the set
vi) Public Communications Referrin	o Only to Party (Made by PAC)	in the second
	TOTALS FOR BREAKDOWN OF TRANSF	
, DTAL This Period (Administrative)		
		an a
<b>DTAL</b> This Period (Generic Voter Drive).		<u></u>
	۲ ۲	، من مدر الامراطة <u>( مدر العار ال</u>
<b>DTAL</b> This Period (Exempt Activities)	······ !_	<mark>- Parantana</mark> (7) <u>- al-an</u> tana (2) <u>- al-an</u> tana (2)- an-1
TAL This Period (Direct Fundraising)		
THE THE FORGE (DIEGE FUNCTIONING)		ا با از بازیکنی میکند. ۲۰۰۶ کیسی میکنی در ۲۰۰۶ میلی از میکنی میکنی میکنی از میکنی میکنی میکنی میکنی میکنی میکن میکنی میکنی میک
OTAL This Period (Direct Candidate Sup	port)	m later and have have have
		، ها <del>ر مار سر</del> هار ایار بار مار <del>مان میرسرد.</del> ه <del>رمموسم</del> ر
<b>DTAL</b> This Period (Public Communication	as Referring Only to Party)	
		ي ايري هيري سوري سري بايري هي ايين الحق مو <mark>ي موري مي</mark> وياري م د
OTAL This Period (Total Amount Transfer	rred)	

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FEC Schedule H3 (Form 3X) Rev. 12/2004

PAGE

OF

### SCHEDULE H4 (FEC Form 3X)

#### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

<b>A</b> .	Full Name (Last, First, Middle Initial)		<u> </u>	Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt
	City	State	Zip Code	Public Comm (ref to party only) by PAC
	-			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		المحدية المحدية ( المحدية المحد	n   produktion (see the second s
	Activity or Event Identifier:			
			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
В.	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:			I have a second and a second s
	Activity of Event Identifier.		Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
		]		
	FEDERAL SHARE			
Ċ.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
Ċ.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
c.	Full Name (Last, First, Middle Initial)	+ C	NONFEDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
c.	Full Name (Last, First, Middle Initial) Mailing Address City		Zip Code	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		Zip Code	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
Ċ.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		Zip Code	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
_	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	State	Zip Code	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
_	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Allocated Activity or Event Year-To-Date ToTAL AMOUNT
_	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	State	Zip Code Zip Code Category Type NONFEDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Allocated Activity or Event Year-To-Date ToTAL AMOUNT TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal	State	Zip Code Zip Code Category/ Type NONFEDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date United Activity or Event Year-To-Date TOTAL AMOUNT = TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	State	Zip Code Zip Code Category/ Type NONFEDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date United Activity or Event Year-To-Date TOTAL AMOUNT = TOTAL AMOUNT

PAGE

OF

FOR LINE 21a OF FORM 3X

## SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and Lo	ocal Party Committees Only)	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REG	SISTRATION
Total Amount Transferred for N	Voter Registration	
		VOTER ID
ii) Voter ID Total Amount Transferred for V	Voter ID	ang ana gana gana gana gana sa
	Lester 12	<u>ستسمی «۲۰ ست م</u> د ۲۰ م. ۲۰ م. ۲۰ GOTV
iii) GOTV		GOIV 
Iotal Amount Transferred for (	GOTV	
iv) Generic Campaign Activity		
	Generic Campaign Activity	- Landerson and the second
NAME OF ACCOUNT		
BREAKDOWN OF THIS TRANSFER	1	
i) Voter Registration		
Total Amount Transferred for		
ii) Voter ID		VOTER ID
Total Amount Transferred for	Voter ID	
	Rear Secolaria	GOTV
iii) GOTV Total Amount Transferred for	GOTV	ار به ومشوعه، هو <del>معرفه ومعرفة المعادية المعرفة المعادية المعادية المعادية المعادية المعادية المعادية المع</del> ادية الم
	<b></b> _	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		، د هد از از این های در می ادهان در می <mark>باشند و منطق مس</mark> ر با می مطالع
Iotal Amount Transferred for	Generic Campaign Activity	······································
TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVE	ED (Last Page Only)
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (Voter Registration	on)	- Charles - Charles -
TOTAL THE DESIGN OF STR		
TOTAL This Period (Voter ID)	المستعسف المستعسين	and and the second second second second
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campa	ign Activity)	
		the manufactor of the second
TOTAL This Period (Total Amount of	f Transfers Received)	
		the New Street and the second street

FEC Schedule H5 (Form 3X) Rev. 02/2003

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

To be used by State, District and Local Party Committees Only)	FOR LINE 30a OF FORM 3X
IAME OF COMMITTEE (In Full)	
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 SHARE	
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	Date
FEDERAL SHARE + LEVIN SHARE	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category Type	y/ Date 1
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin sha FEDERAL SHARE	re to 30(a)(ii)) TOTAL AMOUNT
LEVIN SHARE	and
TOTAL This Period for the Levin Share	

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FEC Schedule H6 (Form 3X) Rev. 02/2003

PAGE

OF

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

#### NAME OF COMMITTEE (In Full) NAME OF ACCOUNT COLUMN A COLUMN B TOTAL THIS PERIOD YEAR-TO-DATE -A THE REAL ې د المدې درم ارد مې مړودندو RECEIPTS FROM PERSONS 1. (a) Itemized ..... المراجبين والتربيع للانتخاص وتنقاصينا (Use Schedule L-A) ويتقطع الدائيل ومصورة بتكاور فتكلك وتدكيل – ، – ، ج (b) Unitemized ..... and the state of the **-----**\_\* . $\cdot Z$ × -(c) Total ..... 175 and the second second 12 المريسان والمورد المراج **.** • ... 2. OTHER RECEIPTS ..... - <u>/</u>, ۸., etaesterte tastado 1114.015 يهادي شريبا رباد وسايح اسرم منط هدار سا TOTAL RECEIPTS .... 3. The second second (Add Lines 1c and 2) 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) - 3 (a) Voter Registration ...... 19. · .... - L -۰. - C 1 (b) Voter ID ..... <u>,- \*</u> ي د دي ج بالدية ( المالية بالراسخان) ar a (c) GOTV ..... 1. 1. 1. S. S. 1. 13. . ---- (\* <sup>1</sup> محرمهم بالارتجام والمراجع والمراجع -(d) Generic Campaign ...... A . 198 . . . 1. 125 . 1 - 2 -22-. . . . . - . Ø -0 (e) Total..... ه\_ ۲ . - • مرد در**می**م در رود ان هارڪ . OTHER DISBURSEMENTS .. 5. an an an an the state of the 1941 - La de - برجان العربانية: ·.- -. . . TOTAL DISBURSEMENTS ..... 6. (Add Lines 4e and 5) المريد المراجع والمعصر مريح ومساطرته اريد ڪرا جا رحم را خان ڪريءَ جي ڪ -BEGINNING CASH ON HAND ..... 7. a na an ann an caileanach 5.45.5 (for Column B, use cash as of January 1st) ی در سرختی RECEIPTS ..... 8. (from Line 3) 120 12. 9. SUBTOTAL ..... (Add Lines 7 and 8) DISBURSEMENTS ..... 10. -1 (From Line 6) ENDING CASH ON HAND 11. (Subtract Line 10 From Line 9)

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

Use separate schedule(s)	
for each category of the	FOR LIN
Aggregation Page	(check d

LINE NUMBER: ( only one)

PAGE

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OF

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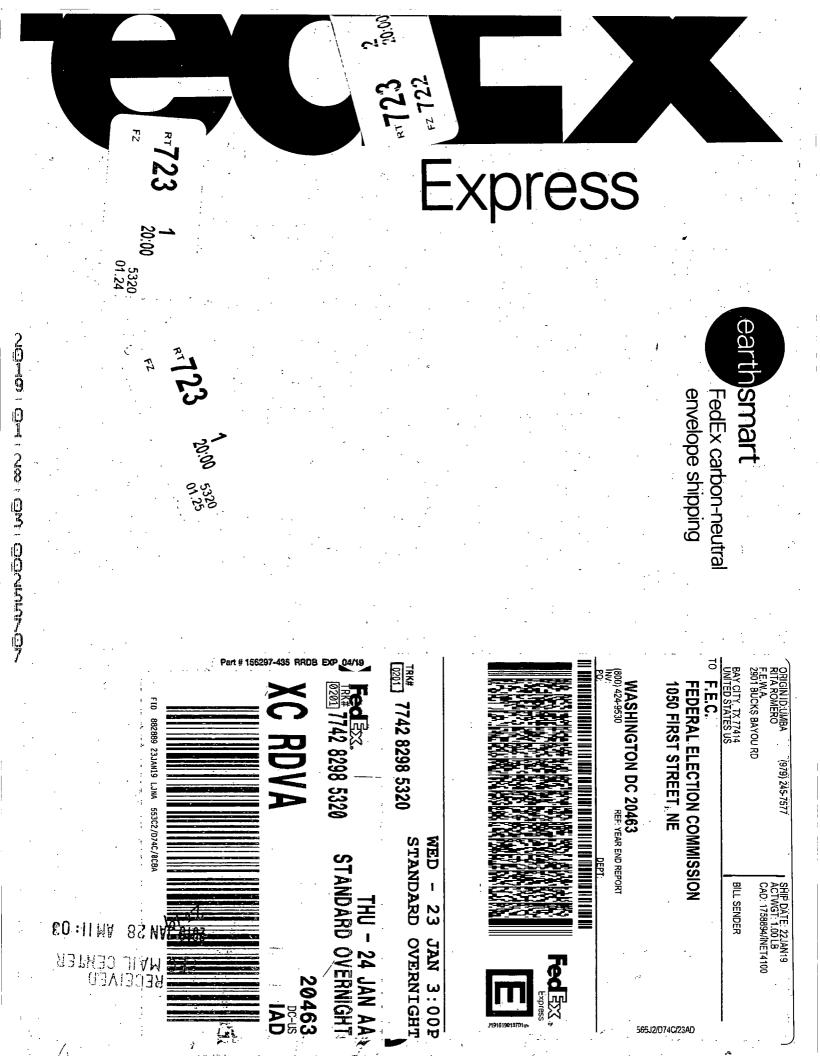
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

	NAME OF COMMITTEE (In Full)	
<u>A.</u>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	Aggregate Year-to-Date
	Occupation	
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
В.	Mailing Address	
	Mailing Address	Amount of Each Dociat this Desired
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	Aggregate Year-to-Date
	Occupation	Aggregate rear-to-Date
_	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
C.		
	Mailing Address	- Level (-) or a
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	Aggregate Year-to-Date
	Occupation	
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
D.		Me Me / Be - A - A - A - A - A - A - A - A - A -
	Mailing Address	Amount of Each Parcent this Paried
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	Aggregate Year-to-Date
	Occupation	
F		
4	SUBTOTAL of Receipts This Page (optional)	
Ŀ	TOTAL This Period (last page this line number only)	و المان ا المان المان الم

FEC Schedule L-A (Form 3X) Rev. 02/2003

SCHEDULE L–B (FEC Form 3X)		
	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	for each category of the Aggregation Page	(check only one) $4a$ $4c$ $5$ 4b $4d$
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
Full Name (Last, First, Middle Initial) / Full Organization Name	e	
Α.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name	e	
В.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		and and a surface that and the same
Full Name (Last, First, Middle Initial) / Full Organization Nam	e	
С.		Date of Disbursement
Mailing Address		Winker / D'of / Wine Wine
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Landard San Barris and San Ar 199 - 1994
Full Name (Last, First, Middle Initial) / Full Organization Nam	e	
D.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam	e	<u> </u>
Ε.		Date of Disbursement
Mailing Address		CHARTER & COLOR & COLOR COLOR
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		l
TOTAL This Period (last page this line number only)		

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered       Date of Receipt         USPS First Class Mail       Date of Receipt         USPS Registered/Certified       Postmarked (R/C)         USPS Registered/Certified       Postmarked (R/C)         USPS Priority Mail       Postmarked         USPS Priority Mail       Postmarked         USPS Priority Mail       Postmarked         USPS Priority Mail       Postmarked         OSPS Priority Mail       Express         Postmark       Postmarked         Overnight Delivery Service (Specify):       Fell EX         Shipping Date       //2 2 //9         No Postmark       Date of Receipt         Received from House Records & Registration Office       Date of Receipt         Received from Senate Public Records Office       Date of Receipt         Received from Electronic Filing Office       Date of Receipt         Other (Specify):       J/2 8//9         Other (Specify):       J/2 8//9         DATE PREPARER       J/2 8//9         (3/2015)       DATE PREPARED		
USPS First Class Mail       Postmarked (R/C)         USPS Registered/Certified       Postmarked         USPS Priority Mail       Postmarked         USPS Priority Mail       Postmarked         USPS Priority Mail Express       Postmarked         Postmark       Postmarked         No Postmark       Postmarked         Overnight Delivery Service (Specify):       Fell EX       Shipping Date         No Postmark       Next Business Day Delivery       Date of Receipt         Received from House Records & Registration Office       Date of Receipt         Received from Senate Public Records Office       Date of Receipt         Date of Receipt       Date of Receipt         Other (Specify):       I/2 8//9         VATE PREPARER       J/2 8//9         DATE PREPARED       DATE PREPARED	Hand Delivered	Date of Receipt
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