12-03-00081711

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEG MAIL CENTER

2016 JUL 12 AM 10: 15

										Office Use	Only		
1. NAME (OF TTEE (in f		TYPE OR	PRINT ▼		ample: If typer the lines.		121	FE4M5]		
Ameo	LICIA	n A	HILL	u itcan	<u> 12191111</u>	fy.	<u> </u>		111	<u> </u>	<u></u>		لــ
									1 1 1	<u> </u>		<u> </u>	لـــــ
ADDRESS (number and	street)	Po	Box	48.		<u> </u>	1 1 1	<u> </u>	1_1_1_	<u> </u>	<u> </u>	
tha	eck if differ in previous iorted. (AC	ly	Hay	over,	<u> </u>		·	7>1	7 1	13	3/-	<u> </u>	
	ENTIFICA		1.114.		CITY ▲			STATE	≜ spen	.ZI	P COD	E 🛦	
CO	0.60	254.8	35	an recording	3. IS THIS REPORT	4	NEW (N) OI		AME (A)	NDED			
4. TYPE	OF REP	ORT	(b) Mor		Feb 20 (M2). П	May 20 (N	(5)	Aug 20) ¹ (M8)	П	Nov-20 (Non-Election	M11)
(Choose	One)arterly Repo		Rep Due	oort —	Mar 20 (M3		Jun 20 (M	6)	Sep 20	(M9)		Year Only) Dec 20 (N (Non-Election Year Only)	 V12)
	April 15			. []	Apr 20 (M4)	. []	Jul 20 (M7) <u>[</u>	Oct 20	(M10)	-	Jan 31 (Y	(E)
L	Marterly	Report (O	1) (c)	12-Day		Primary (12	2P)		eneral (1	2G)		Runoff (12	2R)
	July 15 Quarterly October 1	Report (Q	2)	PRE-Electio Report for the	-	Convention	n (12C)		Special (12	S)			
	Quarterly January 3	Report (Q		E	Election on	ij м	/ 0 . 0	/ **	• Y • Y		n the State of		
	July 31 M	lid-Year Ion-election	(d)	30-Day	ion 🔲	General (3	0G)		Runoff (301	٦)		Special (3	(80S)
	Terminatio (TER)	on Report		Report for the	he:	M ■ M	/ 0 0	, , ,	· · · · ·		n the State of		
5. Covering	g Period	04	A B			through	0		50′	20. 0	6		
I certify that	I have exa	amined thi	s Report a	and to the be	est of may know	wledge and	d belief it is	true, cor	rect and	complete.		· -	
Type or Prin	t Name of	Treasurer		ean	Mar	<u>to</u>							
Signature of	Treasurer			4	7			Date	0.7	<u>ر</u> کا کا	7		E
NOTE: Subm	ission of fa	lse, errone	ous, or inc	omplete infor	mation may s	ubject the p	erson signin	g this Rep	ort to the	penalties	of 52 l	J.S.C. § 3	30109.
, ∪	fice se									FEC I	FORI 1. 12/200]

2016			
<u>^</u> .	•	•	
7			
. ~			
1			
. j		-	
Z.		•	•
~ -			
<u>0</u>		٠ ؤ	
•			_
00081712			7

FFO F 8V (D	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	2
FEC Form 3X (Rev. 02/2003) Write or Type Committee Name We i committee Name	Por Equity	Page 2
Report Covering the Period: From:) \$ 20 ' 20.7.9 To	66'B0'E57.L
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1,		72 72 72 72
(b) Cash on Hand at Beginning of Reporting Period	50000	
(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)		
Total Disbursements (from Line 31)		
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	:::::::5C0.00	
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	(000	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	
This committee has qualified as a multi-	candidate 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	

Г	DE	TAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 02/2003)	of Receipts	Page 3
V	rite or Type Committee Name	Eguty	
R	eport Covering the Period: From:	BO DOIL	. 08'30'Doza
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
	(c) Total Transiers (aud 10(d) and 10(D))		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		272
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	(000	

FEC Form 3X (Rev. 02/2003)

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonial Four to Date
	Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federał Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
23	CommitteesContributions to		
۷٠.	Federal Candidates/Committees		
24	and Other Political Committees		1 1 12 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Party Expenditures		
	(52 U.S.C: § 30116(d)) (use Schedule F)		i Maria de La Maria de Millardo, de la Maria Maria de La Maria de Maria de Maria de Maria de Maria de Maria de Maria de Maria de Ma
26.	Loan Repayments Made	4	
': ·			
	Loans Made Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
2	That Foliace Committees		
7	(b) Political Party Committees		
, .	(c) Other Political Committees		
	(such as PACs)		
			, is the second of the second
•	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶		
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements		472
20	Federal Election Activity (52 U.S.C. § 30101(30/)	
3 U.	(a) Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	Constant Con	
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)	A A A A	
	from Line 31)		

ח	FΤΔ	Ш	FD	SU	MMA	ARY	PΔ	GE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		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)		
34.	Total Contribution Refunds (from Line 28(d))	573 1 573 1 573	A 512 A 513 A 513 A
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	473.	432 6 512 6 472
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		

,
Õ
ĩ
Ē
Ξ
0 7
7.
~
1
2
<u> </u>
Q
\$
_
Ŭ
Ŏ
Ă
ğ
ļ
4
Ä
ь

SCHEDULE A (FEC Form 3X)		Han nonerate sales della	, ,		NUMBER:	PAGE	OF
ITEMIZED RECEIPTS		Use separate schedule(for each category of the	e `	check only		j —	_
		Detailed Summary Page	e	11a	11b	4 	2 6 17
Any information copied from such Reports and St	tatements ma	y not be sold or used by	any perso		L L		
or for commercial purposes, other than using the	name and a	ddress of any political com	nmittee to	solicit con	tributions fro	m such com	mittee.
NAME OF COMMITTEE (In Full)							
Full Name (Last, First, Middle Initial)							
A				Date of	Receipt		
Mailing Address				X - W	/ D B	/ ** **	Y
City	State	Zip Code		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C					-93-	<i>4</i> 7
Name of Employer	Occupation	-x- ·	1 3	Me	emo Item		
Receipt For:	Aggregate '	Year-to-Date ▼	1.5	754 ₀₀ .			
Primary General			┰┪┆	Trans.		e	
Other (specify) ▼	<u> </u>		الب		,) :		
Full Name (Last, First, Middle Initial) B.			₹ § 4 }. 3 ''		Receipt		
Mailing Address				A M P M	/ 0 0	/ ***	
City	State	Zip Code	** ;	Amount	of Each Re	ceipt this Per	······································
FEC ID number of contributing federal political committee.	С						
·	Occupation						
Name of Employer	Cocupation			· Ivie	mo Item		
Receipt For:	Aggregate `	Year-to-Date ▼					
Primary General Other (specify) ▼		A A A					
	<u></u>						
Full Name (Last, First, Middle Initial) C.				Date of	Receipt		
Mailing Address				M · M	/ 10 - 6	/ 7070	7 7
City	State	Zip Code		Amount	of Each Red	ceipt this Per	riod
FEC ID number of contributing	C						
federal political committee.	ــــــــــــــــــــــــــــــــــــــ						
Name of Employer	Occupation			L Me	emo Item		
Receipt For: Primary General	Aggregate `	Year-to-Date ▼					
Other (specify)		× 1 1 32 1 1 48					
SUBTOTAL of Receipts This Page (ontional)	SUBTOTAL of Receipts This Page (optional)						
cosspination ago (opinata)						7,	
TOTAL This Period (last page this line number of	only)		▶				200

()
2	7
	_
	<u>]</u>
•	3
	.
	֓֝֝֓֓֓֓֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡
4	8
•	7
1	1
	Ş
ı	/

President

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

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

District:

State:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) ITEMIZED DISBURSEMENTS (check only one) for each category of the 21b 22 23 25 26 **Detailed Summary Page** 28c 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Memo Item Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) 1911 B. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Memo Item Senate General Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Memo Item Senate Primary General

Other (specify)

FEC Schedule B (Form 3X) Rev. 12/2015

30	CHEDULE C (FEC Form 3X)				
_(DANS		Use separate schedule(s) FAGE OF for each category of the		
			Detailed Summary Page	FOR LINE 13 OF FORM 3X	
N/	AME OF COMMITTEE (In Full)		1		
	LOAN SOURCE Full Name (Last, First, M	liddle Initial)	☐ Memo Item	Election:	
			_	Primary	
	No. 10 and 10 an	<u> </u>		General Other (specify) ▼	
	Mailing Address			Other (specify) •	
	City	State ZIP Co	ode		
	Original Amount of Loan	Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period	
				7	
	TERMS Date Incurred	Date Due	Interest Rate	Secured:	
	HAM / DED / YAYAYA	H-H / D-D / Y		% (apr) Yes No	
	List All Endorsers or Guarantors (if any)	to Loan Source			
	Full Name (Last, First, Middle Initial)		Name of Employer	Contraction of the second of t	
	Mailing Address	egypte der gangestade n i de se welden bekan bekan b 	Occupation	100 miles (100 miles 100 m	
			Amount		
	City State	ZIP Code	Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle Initial)		Name of Employer		
	Mailing Address	 	Occupation		
			Amount		
	City State	ZIP Code	Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle Initial)		Name of Employer		
	Mailing Address		Occupation		
			Amount		
	City State	ZIP Code	Guaranteed Outstanding:		
	4. Full Name (Last, First, Middle Initial)		Name of Employer		
	Mailing Address		Occupation		
			Amount		
	City State	ZIP Code	Guaranteed Outstanding:		
S	UBTOTALS This Period This Page (optional))			
	OTALS This Period (last page in this line on				
_	Carry outstanding balance only to LINE 3. So	Shadula D. for this line. If	no Schodulo D. com form	rd to appropriate line of Communication	
•	varity valolaniumy paralice villy to LIME J. 30	ALCOURE D. IOI UIIS IIIIE. II	THE OCCUPANCE D. CALLY TOLWAY	is to appropriate lifte of Suffiffary.	

SCHEDULE C-1 (FEC Form 3X)

NAME OF COMMITTEE (In Full)

AUTHORIZED REPRESENTATIVE

Typed Name Signature

Federal Election Commission, Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

IC LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? Yes (Endorsers and guarantors must be reported on Schedule C.) Are any of the following pledged as collateral for the loan: real estate, personal, What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, i)t stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: City, State, Zip: 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 DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: 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. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

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.

Title

Supplementary for Information found on

FEC IDENTIFICATION NUMBER

of Schedule C

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

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

PAGE OF
FOR LINE NUMBER: (check only one) 9

			or each (check only one) bered line)		H	9 10	
IAME OF	COMMITTEE (In Full)						
A. Ful	I Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of D	ebt (Purpose):		
Mailing	Address						
City	State	Zip Code					
Outs	standing Balance Beginning This Period			<u> </u>			
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close o	f This F	Period
			ا ا		3		
B. Full	Name (Last, First, Middle Initial) of Del	btor or Creditor	.:.	Nature of D	ebt (Purpose).		
,		and the second s	. :				*
Mailing	Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ing. Magazin sanatan da masa masa		
11 / 13	State	A TO THE RESERVE OF THE PARTY O	+			e en e capital La capital de la capital d La capital de la capital d	0 a. y -4
City	State	Zip Code	id-Cary I Tu	*			•
Outs	Amount Incurred This Period	Payment This Period	:	Outstandi	ng Balance at Close o	f This F	Period
C. Ful	Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of D	ebt (Purpose):		_
Mailing	Address						
City		State Zip Code					
Outs	tanding Balance Beginning This Period						
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close o	f This P	Period
) SUBT	OTALS This Period This Page (optional	l)	▶		A7"		.]
) TOTAI	LS This Period (last page this line num	ber only)	▶		- F		
) TOTAI	OUTSTANDING LOANS from Schedu	ule C (last page only)	▶				
) ADD 2	2) and 3) and carry forward to appropria	ate line of Summary Page (last page or	nly) ▶		77	- 512	

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES	;	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
		C
Check if 24-hour report 48-hour report	New report Amends report filed	on Haw / Dad / Yayay
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		
		Amount
City .	State Zip Code	
Purpose of Expenditure	Cotogony	Date of Disbursement or Obligation
	Type	M TM / D TO / T T T T T T T T T T T T T T T T T
Name of Federal Candidate		Sought:
· · · · · · · · · · · · · · · · · · ·		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	(Disbur	rsement For: Primary General Other (specify) ▶
Full Name of Payee	☐ Memo ltem	Date of Public Distribution/Dissemination
		M M / D G / Y G Y Y
Mailing Address	V at a .	Amount
City	Chata Zin Code	
City	State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:
	<u> </u>	President Senate State:
Calendar Year-To-Date		rsement For: Primary General
Per Election for Office Sought	<u></u>	Other (specify) ▶
(a) CURTOTAL of Bassiand Indoordant Evansditus		
(a) SUBTOTAL of Itemized Independent Expenditur	es	
(b) SUBTOTAL of Uniternized Independent Expendi	itures	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury 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 committee or agent of either,	•
		W / 0 0 / Y Y Y Y Y
Signature	Date	
•		

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

10	N BEHALF OF CANDIDATES FOR FED	ERAL OFFICE	Ξ		PAGE	OF
	(To be used only	by Political Comm	nittees in the Gene	eral Election)	FOR LINE 25	OF FORM 3X
NA	AME OF COMMITTEE (In Full)				Chec 24-h	ck if lour notice
	as your committee been designated to make ordinated expenditures by a political party committee? YES NO	Full Name of Subo	ordinate Committee			
If `	YES, name the designating committee:	Mailing Address City		Stat	te ZIP (Code
!		J.,		 		
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	nditure	Category/
	Mailing Address	,		Date		Type
	City State			M M / D		
	Name of Federal Candidate Supported Office Sough	Senate	State:	Amount		
•	Aggregate General Election Expenditure for this Candidate ▶	3):				
•	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	nditure	Category/
	Mailing Address			Date		Туре
i	City State	,		м•м / г		Y - Y - Y - Y - Y - Y - Y - Y - Y - Y -
	Name of Federal Candidate Supported Office Sough	ht: House Senate Presidential	State:	Amount		
	Aggregate General Election Expenditure for this Candidate ▶					
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	enditure	Category/
	Mailing Address			Data		Type
	City State			Date) * B / Y *	V • V • V
	Name of Federal Candidate Supported Office Sough	ht: House Senate Presidential	State:	Amount		
	Aggregate General Election Expenditure for this Candidate ▶	72				
s	UBTOTAL of Expenditures This Page (optional)	-				
T	OTAL This Period (last page this line number only)					

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						
GA. 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)						
P. Sanarata Sagragated Funda and Nanconnected Committees						
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 H2 (FEC Form 3X)			
LLOCATION RATIOS		PAGE	OF
NAME OF COMMITTEE (In Full)			
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPLACTIVITIES APPEARING ON THIS REPORT.	ORT		
Methods of allocation:			
 FUNDRAISING activities are allocated using the "funds received method" wher expenses must equal the federal proportion of monies raised. 	e the federal pro	portion of	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to be where the federal proportion of disbursements is based on the benefit derived tivity. For PACs Only: Direct candidate support includes public communications federal and nonfederal candidates, regardless of whether there is a reference are allocated using a time/space method.	by federal candi s or voter drives	dates from that refer t	the ac-
ACTIVITY OR EVENT IDENTIFIER FE	DERAL %	NONFEC	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%		%
New Revised Same as Previously Reported	4:3:		
	DERAL %	NONFED	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%		%
New Revised Same as Previously Reported		. 43	
ACTIVITY OR EVENT IDENTIFIER FE	DERAL %	NONFED	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%		%
New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER FEI	DERAL %	NONFED	ERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%		%
New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER FEI	DERAL %	NONFED	ERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%		- 1 %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER	DERAL %	NONFED	 FRAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%		0/
CHECK IF THE RATIO IS: New	/0		·- · · · · · · · · · · · · · · · · · ·

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

PAGE	OF		
FOR LINE	182 OF	FORM	ЗΥ

NAME	OF COMMITTEE (In Full)			I OH LINE TOO OF FORING SA
NA	ME OF ACCOUNT	DATE OF RECEIPT	*****	TOTAL AMOUNT TRANSFERRED
BR	EAKDOWN OF TRANSFER RECEIVED			
i)	Total Administrative			
ii	Generic Voter Drive			
iii) Exempt Activities		· · · · · · · · · · · · · · · · · · ·	1 1 2)2 A 1 3 32 X 2 22 X
iv) Direct Fundraising (List Activity or Event Ide	ntifier)	:	and the second of the second o
	a)			
	c) Total Amount Transferred For Direct Fundra	aising		A Company of the Comp
v)	Direct Candidate Support (List Activity or Ev		· · · · · · · · · · · · · · · · · · ·	
	a)	495		
	b)			
	c) Total Amount Transferred For Direct Candid	date Support		A 1 75 A 1 77 A 27 A
vi) Public Communications Referring Only to	Party (Made by PAC)		
	TOTALS FO	OR BREAKDOWN OF TRAN	SFER RECEIVED	
TOTA	L This Period (Administrative)		<u> </u>	
TOTA	L This Period (Generic Voter Drive)	L		-7- 1 -1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
TOTAI	L This Period (Exempt Activities)			
TOTA	This Period (Direct Fundraising)		. L	2)2
TOTAI	This Period (Direct Candidate Support)			
TOTAI	_ This Period (Public Communications Referring	Only to Party)	L_	<u> </u>
TOTAI	This Period (Total Amount Transferred)		[

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	O	F		
FOR LINE	21a	OF	FORM	зх

NAME OF COMMITTEE (In Full) Allocated Activity or Event: Full Name (Last, First, Middle Initial) Memo Item Administrative Fundraising Exempt Mailing Address Voter Drive | Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT Allocated Activity or Event: ☐ Memo Item. Full Name (Last, First, Middle Initial) Administrative Fundraising Exempt Mailing Address Voter Drive Direct Candidate Support State Zip Code Public Comm (ref to party only) by PAC City Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT Allocated Activity or Event: Full Name (Last, First, Middle Initial) ☐ Memo Item Administrative Fundraising Exempt Mailing Address Voter Drive ___ Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date NONFEDERAL SHARE TOTAL AMOUNT FEDERAL SHARE SUBTOTAL of Allocated Federal and NonFederal Activity This Page NONFEDERAL SHARE FEDERAL SHARE TOTAL AMOUNT TOTAL This Period (last page for each line only)(Federal share to 21(a)(i)) and NonFederal share to 21(a)(ii)) NONFEDERAL SHARE FEDERAL SHARE TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF FORM 3X

NAME OF COMMITTEE (In Full)	· ·	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER i) Voter Registration	VOTE	R REGISTRATION
Total Amount Transferred for Vo	oter Registration	VOTER ID
ii) Voter ID Total Amount Transferred for Vo	oter ID	77 1 77 1 57 1
iii) GOTV Total Amount Transferred for GO	VIO	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Ge	eneric Campaign Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	<u> </u>	
i) Voter Registration Total Amount Transferred for Vo		R REGISTRATION
ii) Voter ID Total Amount Transferred for Vo	oter ID	VOTER ID
iii) GOTV Total Amount Transferred for GO	OTV	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Ge	eneric Campaign Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR	BREAKDOWN OF TRANSFER REC	EIVED (Last Page Only)
TOTAL This Period (Voter Registration))	
TOTAL This Period (Voter ID)		
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaigr	n Activity)	
TOTAL This Period (Total Amount of To	ransfers Received)	

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)

PAGE OF
FOR LINE 30a OF FORM 3X

MANAE OF COMMITTEE (In Full)			
NAME OF COMMITTEE (In Full)			
			T-2
A. Full Name (Last, First, Middle Initial)	/ Full Organization Na	me	
			Voter Registration GOTV Voter ID Generic Campaign
I			J Solicito Stallipaigi
Mailing Address		_	Allocated Activity or Event Year-To-Date
City	State Zip Code		
Purpose of Disbursement		Catacani	Mam / Dag / Jajaja
, '		Category/ Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
		:	
		<u> </u>	
B. Full Name (Last, First, Middle Initial)	/ Full Organization Na	me	Type of Allocated Activity or Event: Voter Registration GOTV
			Voter ID Generic Campaigr
Mailing Address	ong mga sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan saga Sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan sagarangan	The second secon	Allocated Activity or Event Year-To-Date
	• • • • • • • • • • • • • • • • • • • •		
City	State Zip Code	*	9, 12
Purpose of Disbursement		Category/	Man / Ged / Ashevs
,		Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
473-1-4			
C. Full Name (Last, First, Middle Initial)	/ Full Organization Na	me	
			Voter Registration GOTV Voter ID Generic Campaigr
Mailing Address	·		Allocated Activity or Event Year-To-Date
Citi	State 7:5 C=3		
Citý	State Zip Code	, I	
Purpose of Disbursement		Category/	May / Dag / Askshad
		Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
2			
SUBTOTAL of Shared Federal and Levin A	Activity This Page	-	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
	•]		
OTAL This Period (last page for each line	only)(Federal share to	30(a)(i) and Levin share t	to 30(a)(ii))
FEDERAL SHARE	omygrederar snare to	ootalii ana ream shale t	TOTAL AMOUNT
	7		
*************************************		LEVIN SHARE	
OTAL This Period for the Levin Share	_		
	<u> </u>		

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

NAM	ME OF COMMITTEE (In Full)		
NAM	ME OF ACCOUNT	· · · · · · · · · · · · · · · · · · ·	
TVruv.	IL OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized(Use Schedule L-A)	<u> </u>	
	(b) Unitemized	27-0-27-0-27-0-27-0-27-0-27-0-27-0-27-0	A 275
	(c) Total		
2.	OTHER RECEIPTS		
3	TOTAL RECEIPTS		
	(Add Lines 1c and 2)		Brown Cornell
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		AMBURTETÉ, ESEMBLE TURE LA COMPANION DE LA COM
a por de la	(a) Voter Registration		A Notice Bell Miles And Andrews (1997)
	(b) Voter ID	273	
	, (c) GOTV	17)5	
	(d) Generic Campaign	45.	
	(e) Total	77	
5.	OTHER DISBURSEMENTS	77.	7 7 7 7
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	77	77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		A 1 275 A 1 275 A 1 A 275 A
9.	SUBTOTAL(Add Lines 7 and 8)	1	
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(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 LINE NUMBER:

PAGE

	١_
	2

OF

THE THEOLIST TO OF LEVING FORDO	Aggregation Page	(check only one) 1a 2
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address	☐ Memo Item	Date of Receipt
City	e Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		-92
Full Name (Last, First, Middle Initial) / Full Organization Name B.	☐ Memo Item	Date of Receipt
Mailing Address City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	zip code	
Occupation	1	Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address	☐ Memo Item	Date of Receipt
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		
D. Mailing Address	☐ Memo Item	Date of Receipt
City State	≥ Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation	,	32 32 42
SUBTOTAL of Receipts This Page (optional)	•	
TOTAL This Period (last page this line number only)	>	475

6 6
0 7
2
03
0008
1731

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

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

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

FOR LINE NUMB	ER: LPA	GE	OF
(check only one)	\Box .		
	4a	4c	5
	4b	4d	

OF LEVIN FUNDS 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address City Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement B. Mailing Address Amount of Each Disbursement this Period $(\gamma, \beta_{1,2}, \gamma, \gamma, \beta_{1,2}, \beta_{2,2}, \beta_{2,2}, \beta_{2,2}, \beta_{2,2})$ Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item D. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item E. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional).....

03-00081732



1.99 OSTAGE MINSTER, MD

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 Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busin	ess Day Delivery			
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):	Receipt or Postmarked			
PREPARER	7/12/16 DATE PREPARED			
(3/2015)	DATE PREPARED			