# 2017 - 07 - 17 - 03 - 0016M716

**FEC** FORM 3X

Use

Only

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 JUI 7 PM 12: 13

Rev. 05/2016

1.	NAME O COMMIT	F TEE (in full)	TYPE	OR PF	RINT ▼ ,		ample: If ty er the lines		12F	E4M5			
	<u>visieit</u>	- her W	<u> </u>	1.1.	1_1_1_1								
ADI ▼	Chec	umber and street)  ck if different previously rted. (ACC)	St	<u>.e.</u>	198 198	<u> </u>	P;,,		st Fu	<u></u>	3,5,9,6	-	
2.		entification	<b>_</b>	R ▼		CITY A  3. IS THIS REPORT	r <b>[</b> ]	NEW (N) O	STATE	AMENI (A)	ZIP CO	DDE A	
4.	(Choose	OF REPORT One)  Iterly Reports:  April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q1) (Q2) (Q3) (YE)	(d) :	Dn: 12-Day PRE-Electio Report for t  30-Day POST-Elect Report for t	he:	» [	n (12C)		Aug 20 ( Sep 20 ( Cot 20 ( General (120) Runoff (30R)	(M9) (M10) (	Special (30	(112) E) R)
5. Covering Period    Covering Period   Covering													
NO.	TE: Submis	ssion of false, err	oneous, c	or incor	V nplete infor	mation may	subject the p	person signin	ng this Rep		penalties of 5		0109

# 2017 · 07 · 17 · 08 · 00168717

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name 63' 31' Z31.7 Report Covering the Period: From: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) ..... (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))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..... This committee has qualiAed 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. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:	10.11 20.1.71 To	03 31 2017
I. Receipts	COLUMN A Total This Period	COLUMN∫B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	6	, ,
(i) Itemized (use Schedule A)	<u> </u>	
(ii) Uniternized	3000	380 8
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	3000	3000
(b) Political Party Committees		
(c) Other Political Committees	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
(such as PACs)	<u> </u>	<u> </u>
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		<del></del>
Totals to Line 33, page 5)	The state of the s	$\underline{\hspace{0.5cm}}$
Party Committees	6	
Party Committees		
All Loans Received		6
<u> </u>		
Loan Repayments Received		
Offsets To Operating Expenditures	1)	0.0
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	6	6
Refunds of Contributions Made		
to Federal Candidates and Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Political Committees	<u> </u>	
Other Federal Receipts	· · · · · · · · · · · · · · · · · · ·	
(Dividends, Interest, etc.)	<u> </u>	Commence of the second
<ul> <li>Transfers from Non-Federal and Levin Funds</li> <li>(a) Non-Federal Account</li> </ul>		
(from Schedule H3)	6	
(wom concade 115)		<u></u>
(b) Levin Funds (from Schedule H5)		
(b) Levill Fullds (from Schedule H5)	<u> </u>	
(c) Total Transfers (add 18(a) and 18(b))	<u> </u>	
(5) 15121 1121313 (252 15(2) 2112 15(2))		
		i
		!
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	30,60	3.0.0
	and the state of t	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	· < < < C / C / C / C / C / C / C / C / C	30,00

# DETAILED SUMMARY PAGE of Disbursements

Page 4 FEC Form 3X (Rev. 05/2016)

	II. Disbursements	COLUMN A Total This Period	COLUMN 3 Calendar Year-to-Date
21. Or (a)	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Culonda Tour to but
	(i) Federal Share	<u> </u>	
	(ii) Non-Federal Share	(O)	
(b)	Other Federal Operating		6
	Expenditures		
(c)	Total Operating Expenditures	2	
22 Te	(add 21(a)(i), (a)(ii), and (b))		
	mmittees	@	Ø
	ontributions to		
an	deral Candidates/Committees d Other Political Committees		(8)
24. Ind	dependent Expenditures		
25. Co	se Schedule E) ordinated Party Expenditures 2 U.S.C. § 30116(d)) se Schedule F)		
(5)	2 U.S.C. § 30116(d))		
(u:	se Schedule F)		
26. Lo	an Repayments Made		
27. Lo	ans Made	0	O
	efunds of Contributions To: Individuals/Persons Other		
(	Than Political Committees	7	©
	Delta de De La Caracitta		
	Political Party Committees  Other Political Committees	6	
(c)	(such as PACs)		
(4	Total Contribution Refunds		
(0	(add Lines 28(a), (b), and (c))	2	
	(444 211/05 25(4); (5); 414 (5))		
29. Of	her Disbursements (Including		
No	on-Federal Donations)	3.000	7000
		(00)	
	deral Election Activity (52 U.S.C. § 30101 Allocated Federal Election Activity	(20))	
(a	(from Schedule H6)		
	(i) Federal Share	0	
	()		
	(ii) "Levin" Share	P	
(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))▶	6	
04 T-	tal Diaboracana (add Lines 04/s) 20		
	tal Disbursements (add Lines 21(c), 22, 5, 24, 25, 26, 27, 28(d), 29 and 30(c))		
23	5, 24, 25, 26, 27, 26(d), 29 and 30(c))	<u> </u>	
32. To	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	3000	2000

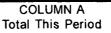
## **DETAILED SUMMARY PAGE**

of Disbursements

Page 5

III. Net Contributions/ Operating Expenditures

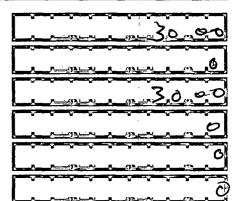
FEC Form 3X (Rev. 05/2016)



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)).....
- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....
- 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) ......





SCHEDULE E (FEC FORM 3X) ITEMIZED INDEPENDENT EXPENDITURI	ES ·		PAGE OF FORM 3X			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Together We Thris	ve		C 0 0 5 2 2 4 5 0			
Check if 24-hour report 48-hour report	New r	report Amends repor	t filed on www.			
Full Name of Payee		☐ Memo I				
Chuse Bank Mailing Address			03/38/2017			
Walling Address			Amount			
City	State	Zip Code	30.00			
Purpose of Expenditure			Date of Disbursement or Obligation			
Bank Fees		Category/ Type	03/39/2017			
Name of Federal Candidate:		Support Oppose	Office Sought: House District:			
Calendar Year-To-Date			Disbursement For: Primary General			
Per Election for Office Sought			Other (specify) ▶			
Full Name of Payee		☐ Memo	tem Date of Public Distribution/Dissemination			
Mailing Address		· · · · · · · · · · · · · · · · · · ·				
Industry Address			Amount			
City	State	Zip Code				
			Date of Disbursement or Obligation			
Purpose of Expenditure		Category/ Type				
Name of Federal Candidate:	<del></del>	Support	Office Sought: House District:			
		Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶			
<u>.</u>						
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		3000			
(b) SUBTOTAL of Uniternized Independent Expen	ditures					
(c) TOTAL Independent Expenditures			> 3000			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ididate or authori	res reported herein were ized committee or agent o	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political			
ash W		Date	للحملينيا المعتما السميسا			
Signature		Date	لسيسا لسسا			

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