1503 141 3722

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED -

2015 APR 17 AM 8: 09

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ♥	Example: If typing, ty over the lines.	type 12FE4MS	
ADDRESS (number and street) Check if different than previously reported. (ACC) CO 5 7 2 7	$[2,2]$ $[0,a,n,i,e,l,e]$ $[H,i,l,l,s,b,o,r,0]$ JMBER \checkmark CITY 3. IS	0, r, i, v,e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STATE A	7,8,8,4,4,- ZIP CODE A
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Counterly Report (Non-electic Year Only) (MY) Termination Report (TER)	Report Due On: Mar 2 Apr 2 (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	20 (M3) Jun 2 0 (M4) Jul 2 Primary (12P) Convention (12C) on General (30G)	20 (M6) Sep 2 20 (M7) Oct 2 General (in the State of
5. Covering Period I certify that I have examined to Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, error	or Sean O	Jane Jane	Date O	1 69 2015
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	****	
Money Is Not a M	le, suphone	·
Report Covering the Period: From:	2 ' 0 2 ' 2 0 1 5 To	o: 04' 000' 2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	•	
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)	2.6.	26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26	2.6
7. Total Disbursements (from Line 31)	26	26
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)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multical	andidate 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	

1503-141-3724

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Money To: Report Covering the Period: From: COLUMN A **COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	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)		Total Tills Fellou	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	2 (77
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	76	7. 6
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	Lange of the second	
	Independent Expenditures		0
25.	(use Schedule E)		
	(use scriedule 1)		
26.	Loan Repayments Made		
27. 28	Loans Made Refunds of Contributions To:	L. M.	L. s. s. Val
	(a) Individuals/Persons Other Than Political Committees		0
	man Fontical Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		1
29.	Other Disbursements		
30	Federal Election Activity (52 U.S.C. § 30101(20))	
30.	(a) Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds	v	0
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		0
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	L6	26
32	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	2.6	26

DETAILED SUMMARY PAGE

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)	26	26
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2.6.	26
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	26	26
37. Offsets to Operating Expenditures (from Line 15, page 3)		0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.6	2.6

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11b **Detailed Summary Page** 13 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) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)	FOR LINE	-
ITEMIZED DISBURSEMENTS		for each category of the	(check only	one) 22 23 24 25 26
		Detailed Summary Page	27	28a 28b 28c 29 30b
	y information copied from such Reports and Statem for commercial purposes, other than using the nam			
\setminus	NAME OF COMMITTEE (In Full) Money Is Not a Mea			
A.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			(LALALA) (LALALA)
	City S	state Zip Code		
	Purpose of Disbursement			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
		nent For: Primary General Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement
•	Mailing Address			[WAN] \ [DAD] \ [AAAAAAA
	•	State Zip Code		
	Purpose of Disbursement			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
	President	nent For: Primary		
	State: District: Full Name (Last, First, Middle Initial)	<u> </u>		
C.	Tui Name (Last, 111st, Wildle tilital)			Date of Disbursement
	Mailing Address			
	•	State Zip Code		
	Purpose of Disbursement			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
-	├ ┤	nent For: Primary ☐ General Other (specify) ▼		
S.	SUBTOTAL of Disbursements This Page (optional)			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				
1				

SCHEDULE C (FEC Form 3X) LOANS

OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		<u> </u>	<u> </u>
Money Is Not a Meg	paphone		
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	E	lection:
		1 -	Primary General
Mailing Address			Other (specify)
·		-	
City	State ZIP Cod	de	
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
			~
TERMS	Data Dua	Internal Date	0
Date Incurred	Date Due	Interest Rate	Secured: """ Yes No
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)	O LOAN COUNCE	Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	,	Name of Employer	
Mailing Address		Occupation	
	7/0.0	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	
City State	ZIP Code	Amount Guaranteed	
State	Zir Gode	Outstanding:	
•			
SUBTOTALS This Period This Page (optional)		b	H (H) H (H) H (H)
TOTALS This Period (last page in this line only			
Carry outstanding balance only to LINE 3, Sci	hedule D, for this line. If	no Schedule D, carry forward	d to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule (

of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** Monex Is Not a Megaphone C00572727 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 No Yes B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. 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, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? If yes, specify: Yes 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: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER 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. AUTHORIZED REPRESENTATIVE DATE Typed Name Signature Title

SCHEDULE D (FEC Form 3X) PAGE OF (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 **Excluding Loans** numbered line) 10 NAME OF COMMITTEE (In Full) A. 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):	
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period		-
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		<u> </u>
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)	•	
) TOTALS This Period (last page this line number	only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	Linana

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	MIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	Money Is Not a Megaphone,	C 0 0 5 7 2 7 2 7
Ch	Money Is Not a Megaphone eck if 24-hour report 48-hour report New report Amends report filed	on May 1 Costs 1
	Full Name of Payee	Date of Public Distribution/Dissemination
	·	(M. A.) (0. 40) (A.
	Mailing Address	Amount
	City State Zip Code	
	Purpose of Expenditure	Date of Disbursement or Obligation
	Category/ Type	
	Name of Federal Candidate Support Office	Sought: House District:
	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	orsement For: Primary General Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
		Laran Lesel , Laran
	Mailing Address	
	·	Amount
	City State Zip Code	
		Date of Disbursement or Obligation
	Purpose of Expenditure Category/ Type	
	Name of Federal Candidate Support Office	e Sought: House District:
	Oppose	President Senate State:
	Calendar Year-To-Date Disbu	ursement For: Primary General
	Per Election for Office Sought	Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	U
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(b) COSTOTAL OF CHIRCHIES HAS PORTED TO A CONTROL OF THE CONTROL O	26
	(c) TOTAL Independent Expenditures	2.6
	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Signature Date 0	7 10 2015

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 PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES □ NO Mailing Address If YES, name the designating committee: City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Mailing Address Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date Citv State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > SUBTOTAL of Expenditures This Page (optional)..... TOTAL 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)			
Money Is Not a Megaphone			
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 H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF		
AME OF COMMITTEE (In Full) Money Is Not a Megaphone				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.				
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	oportion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commisederal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	fit derived by federal cand nunications or voter drives	idates from the ac- s that refer to both		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u> </u>	 %		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Direct Candidate Support				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u></u> %	L		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	[[
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u></u> %	<u></u> %		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	EEDERAL 9/	NONEEDERAL 9/		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support	<u></u> %	<u> </u>		
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:	FEDERAL 70	NONFEDERAL %		
Fundraising Direct Candidate Support	%	%		
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				

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

PAGE	OF	
ł		
505	F 40 OF 500	

NAME OF COMMITTEE (In Full)				
Money Is Not a Megaphone				
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
[man] \ [care] \ [xanarani]				
PREAKPOWAL OF TRANSFER PROCENTS				
BREAKDOWN OF TRANSFER RECEIVED				
i) Total Administrative				
ii) Generic Voter Drive				
iii) Exempt Activities				
iv) Direct Fundraising (List Activity or Event Identifier)				
	اً ا			
a)				
b)				
c) Total Amount Transferred For Direct Fundraising				
v) Direct Candidate Support (List Activity or Event Identifier)				
V) Direct Candidate Support (List Activity of Event Identifier)				
a)	╝.			
b)				
c) Total Amount Transferred For Direct Candidate Support				
c) total Attiount Transferred For Direct Candidate Support				
vi) Public Communications Referring Only to Party (Made by PAC)				
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE				
TOTAL This Period (Administrative)	**************************************			
	~			
TOTAL This Period (Generic Voter Drive)	~			
TOTAL This Period (Exempt Activities)	<u></u>			
				
TOTAL This Period (Direct Fundraising)				
TOTAL This Period (Direct Candidate Support)				
TOTAL This Period (Public Communications Referring Only to Party)				
TOTAL This Period (Total Amount Transferred)				

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	=	C	F		
FOR	LINE	21a	OF	FORM	3×

4	ME OF COMMITTEE (In Full)		TON LINE 214 OF TONIN 3A
1.0	loney Is Not a Megaphone		Allocated Bakinka as Project
A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address		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:	Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL SH	IARE	= TOTAL AMOUNT
		~~~~~	
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		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:	Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL SH	HARE	= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address		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:	Category/	
		Туре	Date
	FEDERAL SHARE + NONFEDERAL SH	HARE	= TOTAL AMOUNT
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SH	IARE	= TOTAL AMOUNT
		• • •	
TC	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and No	onFederal sha	are to 21(a)(ii))
	FEDERAL SHARE NONFEDERAL SH		TOTAL AMOUNT

### SCHEDULE H5 (FEC Form 3X)

# TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

		by State, District and Local		s Only)		PAGE OF
		/MITTEE (In Full)			<del></del>	FOR LINE 18b OF FORM 3X
14		Is Not a Mega	alaa.			
-	NAME OF A		DATE OF RECEIPT		70741 4440	LINT TRANSFERRED
	NAME OF A	CCOUNT	MATE OF RECEIPT	· [\	TOTAL AMO	UNT TRANSFERRED
1		#1.05 T.110 TD4110555	L	· · · · · · · · · · · · · · · · · · ·		
		/N OF THIS TRANSFER		VOTER REGISTE	RATION	
	i)	Voter Registration Total Amount Transferred for Voter	Registration	*\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	~~~~~	
		Total Amount mansierred for Voter	riegistiation	<u>* -9\                                   </u>	OTER ID	
	ii)	Voter ID				
		Total Amount Transferred for Voter	ID		<u>_,,,,</u>	
	iii)	GOTV		السيمسي	GOTV	
		Total Amount Transferred for GOT	<b>v</b>		<u> </u>	
	iv)	Generic Campaign Activity		·	GENERIC CAMI	PAIGN ACTIVITY
	,	Total Amount Transferred for Gene	ric Campaign Activity			
	NAME OF A	CCOUNT	DATE OF RECEIPT	<u>-</u>	TOTAL AMO	OUNT TRANSFERRED
			(MM)	· LANAMAN		
	BREAKDOV	VN OF THIS TRANSFER				
	i)	Voter Registration	<b></b>	VOTER REGISTI	RATION	
		Total Amount Transferred for Voter	Registration	<u></u>	<u></u>	
	iii	Voter ID		\ 	OTER ID	
	,	Total Amount Transferred for Voter	· ID			
					GOTV	
	iii)	GOTV Total Amount Transferred for GOT	V		- <del></del>	
ļ		Total Amount Transferred for GOT	•		CENEDIC CAM	DAICNI ACTIVITY
	iv)	Generic Campaign Activity	_		GENERIC CAM	PAIGN ACTIVITY
		Total Amount Transferred for Gene	eric Campaign Activity		<u></u>	
			SAKROWN OF TRANS	,		<del></del>
	š	IOTALS FOR BR	BEAKDOWN OF TRANS	SFER RECEIVED (L	ast Page Only)	
	7074	This Buds I Make By Sakethaux		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	IOIAL	L This Period (Voter Registration)	L.	_1711		
ŀ	ΤΟΤΑΙ	L This Period (Voter ID)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	10171	this relied (voter 15)	·		<u> </u>	
	TOTAL	L This Period (GOTV)				
		, ,, , , , , , , , , , , , , , , , , , ,		<u>                                     </u>	<u>-/3\\-\-\-\-</u> /3\\-	
	TOTAL	L This Period (Generic Campaign A	activity)			
				٠ ي		
	TOTAL	L This Period (Total Amount of Tran	nsfers Received)			

# 150K: 121: 3789

# 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

NAME OF COMMITTEE (In Full)	
Money to Not a Menuphone	
A. 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 Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
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 Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV
	Type of Allocated Activity or Event:  Voter Registration GOTV
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration  GOTV  Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Type of Allocated Activity or Event:  Voter Registration  GOTV  Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event:  Voter Registration Voter ID  Generic Campaign  Allocated Activity or Event Year-To-Date  Date  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE  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 share to FEDERAL SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE  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 share to FEDERAL SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT

### SCHEDULE L (FEC Form 3X)

### AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Money Is Not a Megaphone					
NAME OF ACCOUNT					
	· · · · · · · · · · · · · · · · · · ·	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)				
•	(b) Uniternized				
	(c) Total				
2. 3.	TOTAL RECEIPTS				
J.	(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID				
	(c) GOTV				
	(d) Generic Campaign				
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS				
	(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS (from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				

ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)
Any information copied from such Reports and Statements may not lor for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (IN FUII)  MONEY IS NOT a MEGOPHONE		
Full Name (Last, First, Middle Initial) / Full Organization Name  A.  Mailing Address		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  B.  Mailing Address		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  C.  Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		
Occupation	-	Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name  D.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State  Name of Employer or Principal Place of Business	Zip Code	Amount of Each Receipt this Period
Occupation	_	Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	

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

# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF (check only one)

4a 4c 5

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full)  Money Jc Hot a Megaphone		
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
·		MAM) \ LOND \ \ LAAAAAA
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
<del></del>		Date of Dispursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nan	ne	Date of Dichurcomer*
<b>.</b>		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	ne	Date of Disbursement
		Pare or preparation
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nar	ne	Day of Did
E		Date of Disbursement
Mailing Address		MAM \ DAD \ LAAAAAAA
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)	•	
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

RECEIVED FEC MAIL CENTER 2015 APR 17 AM 8: 09

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail  ### Postmarked  ###################################	Date of Receipt 4/17/15
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
<u> </u>	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	4/17/15
PREPARER	DATE PREPARED
(3/2015)	