PHARMATHENE POLITICAL ACTION COMMINTEE AM 10: 05

FEC MAIL CENTER

January 5, 2011

Debbie Chacona
Assistant Staff Director
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Amended Post-General Report for PharmAthene Inc. Political Action Committee

Dear Ms. Chacona:

We are in receipt of your letter dated December 20, 2010 regarding the FEC Post-General report. We submitted a Post-General report on November 26, 2010 that incorrectly disclosed the dates of the covered period as 10/14/2010-11/22/2010. The enclosed amended report accurately reflects the dates of the reporting period as 10/1/2010-11/22/2010. As you can see from the report, our PAC had no activity during the reporting period and the only change to the report is the extension of the beginning of the period from October 14, 2010 to October 1, 2010.

We appreciate your assistance with this matter. Please contact me at (410)269-2600 if you have any questions.

Sincerely,

Charles A. Reinhart III

Peul A. Neulut HA

Treasurer

1030531732

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2011 JAN -6 AM 10: 05

FEC MAIL CENTER

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type [12FE4M	5
PharmAthen	a Prollitica	41 Actio	n Commi	thee
			<u> </u>	
ADDRESS (number and street)	lone Park	Phace	<u> </u>	
Check if different	Builde 450	<u> </u>		
than previously reported. (ACC)	Annapolis		MD	21401-
2. FEC IDENTIFICATION N	UMBER ▼ CI	ΓΥ 🛦	STATE A	ZIP CODE ▲
C004720	, Q 3. 1	S THIS N REPORT (N		AMENDED A)
4. TYPE OF REPORT (Choose One)	Report	الانتكا الاستكا	<u>(!:</u>	Ig 20 (M8) Nov 20 (M11) (Non-Election Year Only) ap 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	Details Section	kmiš sais	1	(Non-Election Year Only)
April 15 Quarterly Report (item?	20 (M4) J	li.eli	ct 20 (M10) Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	W. C. C.	al (12G) Runoff (12R)
October 15	Report for the:	Convention (1	(2C) Specia	l (12S)
Quarterly Report (0 January 31 Year-End Report (1)		on on	0 0 0 / 0 0 0 0 0	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election	General (30G) 🗍 Runoff	(30R) Special (30S)
Termination Report	Report for the:	on on [0,9]	1,4 / 2011	in the State of AD
5. Covering Period	0 01 261		11 63	2010
I certify that I have examined the	^ 1			and complete.
Type or Print Name of Treasure	r Charles A.	Reinhar-	+ 111	
Signature of Treasurer	Penla A. Ne	enlent - 111	Date	1 05 2011
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
Office Use Only				FEC FORM 3X Rev. 12/2004

M LM (C)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

Write	or	Type	Committee	Name
--------------	----	------	-----------	------

PharmAthene Inc Political Action Committee

Report Covering the Period:

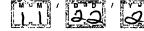
10. Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

From:



To:



		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2010		298001
	(b) Cash on Hand at Beginning of Reporting Period	561.25	
	(c) Total Receipts (from Line 19)	[308824
	(d) Subtotal (add Lines 6(b) and 6(c) for Celumn A and Lines 6(a) and 6(c) for Column B)	561.25	406825
7.	Total Disbursements (from Line 31)	0.0.0	5507.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56125	561.25
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1. 000	

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

FE6AN026

110305317

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)	·	Page 3
Write or Type Committee Name		
PhamAthere Inc		Committee
	J' 01 2010 1	ro: [1] 23 8010
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	000	9 2 66 211
(i) iternizad (use Scriedule A)		1-2-0-0-0-9-4
(ii) Uniternized	0.00	000
(iii) TOTAL (add		0 . 6 8 01
Lines 11(a)(i) and (ii)▶	0.00	308004
(b) Political Party Committees	000	0.00
(c) Other Political Committees		
(such as PACs)	0.0.0	0.0.0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	000	208824
12. Transfers From Affiliated/Other		
Party Committees	000	.000
	N / N	
13. All Loans Received	<u></u>	<u></u>
14. Loan Repayments Received	171/2	000
15. Offsets To Operating Expenditures		<u> </u>
(Refunds, Rebates, etc.)		Bernellmank andrem Complement menderen Serva Dark i
(Carry Totals to Line 37, page 5)	0.0.0	0.0.0
16. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	2007	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		International Control of the Association of the Markottinian Control of the Contr
(a) Non-Federal Account (from Schedule H3)	000	$\Lambda \Lambda \Lambda$
(110111 001100000 110)		
(b) Levin Funds (from Schedule H5)	0.00	D-00
(c) Total Transfers (add 18(a) and 18(b))	<u></u>	<u> </u>
IQ Total Receipts (add Lines 11/d)		
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	0.0.0	3088.24
20. Total Federal Receipts		\$5. THE THEORY IS NOT THE COMMENTS OF THE COMENTS OF THE COMMENTS OF THE COMME
(subtract Line 18(c) from Line 19)▶	0.0.0	308824

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	Total Tills F G Total	Calendar Year-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share		[
	(ii) Non-Federal Share	3,03,000	000
	(b) Other Federal Operating		
	Expenditures	<u> </u>	Ser Astrony
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	777	7.00
22.	Transfers to Affiliated/Other Party	<u> </u>	
	Committees	000	110111000
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	<u></u>	5,5,00.00
24.	Independent Expenditures	17.70	\0\n
25.	(use Schedule E) Coordinated Party Expenditures	1000	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	0.00
27	Loans Made	777	ΔΛΛ <u>Λ</u>
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	<u> </u>	0.00
	(c) Other Political Committees (such as PACs)	^^^	
	(Such as PAOS)		
	(d) Total Contribution Refunds		δ Δ Δ
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29.	Other Disbursements	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Sandan Sandan Sandan Sandan Sandan Sandan
_ J.	Circi Disbursonicino		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	7 7 7	
	(i) i ederal Offare		
	(ii) "Levin" Share	0.0.0	000
	(b) Federal Election Activity Paid Entirely		(10.00
	With Federal Funds	<u></u>	<u> </u>
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	$\Lambda\Lambda\Lambda$	
	Lines outayin, sotayin and sotari		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	5507.00
30	Total Federal Disbursements		tana a second in second transfer and a distribution of a distribution of the distribut
JZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	PROGRAMME OF A THOU AND PROGRAM OF THE PROGRAM OF T	the conflict and an effect of the section and a section and the section and th
	from Line 31)	2000	550700
		<u> </u>	
		·	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

TII.	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)	000	3,0.88.24
	Total Contribution Refunds (from Line 28(d))	000	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.0.0	3.0.88.24
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1000	7.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.0.0	000
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.0.0	7.00

M	
r	•
(Print)	
M	Ì
l.ı	1
Ç,	
M	1
Ç	
Ç.Y	
Briti	

SCHEDULE A (FEC Form 3X)		Lies concrete cabodida(a)	FOR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17		
	ny information copied from such Reports and Stateme		person for the purpose of soliciting contributions		
or	for commercial purposes, other than using the name	and address of any political commi	ttee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				
V					
_	Full Name (Last, First, Middle Initial)				
A.	Mailing Address		Date of Receipt		
	wamiy Addiess		M.M. / D.D. / YVY		
	City Sta	te Zip Code	Emiliaria (Insuella anti describerationes)		
			Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	A. A. A. A. A. A.			
	Name of Employer Occu	pation			
	Receipt For:	page Vagr to Date =			
		egate Year-to-Date ▼ ····································			
	Other (specify) ▼	<u> </u>			
В.	Full Name (Last, First, Middle Initlal)		Date of Receipt		
	Mailing Address		Date of Hecept		
	City Ste	te Zip Code	— Loi Lai Lazi		
	ony on	THE COURT	Amount of Each Receipt this Period		
	FEC ID number of contributing		Section from the Control of the Cont		
	federal political committee.		San Translate Windhood of Sand Sand Sand Sand Sand Sand Sand Sand		
	Name of Employer Occu	pation			
	Receipt For: Aggr	egate Year-to-Date ▼			
	Primary General				
	Other (specify) ▼	<u></u>			
C.	Full Name (Last, First, Middle Initial)		Date of Receipt		
	Mailing Address		LWOM! V BOB! V LACARARA		
	City Ste	te Zip Code			
			Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		The state of the s		
		nation			
	Name of Employer Occu	pation			
		egate Year-to-Date ▼			
	Primary General Other (specify)		- CHIPP.		
_					
١,	SUBTOTAL of Receipts This Page (optional)	advantin in the first skings of matter district reality in			
-					
1	TOTAL This Period (last page this line number only)				

Ÿ,	
ħſ	
فأدهأ	
М	
ľ	
C	
M	
C	
B usin	
-	

SCHEDULE B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3A)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staterr or for commercial purposes, other than using the name	nents may not be sold or used e and address of any political	by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (in Full)			
/			
Full Name (Last, First, Middle Initial) A.			Date of Disbursement
Mailing Address			MUNICOL / PORTO DE LEGIO
City	itate Zip Code		2
Purpose of Disbursement		=======================================	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	parating strong a sample strong strong to the sample strong stron
	nent For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			
City	state Zip Code		
Purpose of Disbursement	77.20	is the second	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
<u></u>	nent For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address	- des description (Fre		
City	state Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	and the second s
[<u></u> ,_]	nent For: Primary General Other (specify)		the second committee of the second se
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only).		·····	

SCHEDULE C (FEC Form 3X)				
LOANS	Use separate schedule(s) PAGE OF			
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
	Primary			
	General			
Mailing Address	Other (specify) ▼			
City State	ZIP Code			
Original Amount of Loan Cumulative Paym	•			
TERMS Date Incurred Date	te Due Interest Rate Secured:			
Mam / Orb / Yours				
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	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			
	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:			
SUBTOTALS This Period This Page (optional)	<u></u>			
TOTALS This Period (last page in this line only).				
Carry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

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

Supplementary for Information found on Page of Schedule C

Federal	l Election Commission, Washington, D.C. 20463			rage or scriedule c
NAME	OF COMMITTEE (In Full)			IDENTIFICATION NUMBER
LENDI	ING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Na				%
Mailing	g Address		TW-5-W	1 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Date Incurred or Established		The state of the s
City	State Zip Code	Date Due	N M	
A.	Has loan been restructured? No Yes	If yes, date originally incurre	d	/ D
В.	If line of credit, Amount of this Draw:	Ralance:	li .	Carageoregicus green generalise (j. 12. j. 12. j
C.	Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors n	rred? nust be reported on Schedule C.)		
D.	Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	of deposit, chattel papers,	langer and the second	value of this collateral?
	No Yes If yes, specify:		for-Stone Teach	Dies Creen die reef Arreiten in Lieuwit Drei (L. 2017)
1				nder have a perfected security
┝	Are any future contributions or future receipts of inte	rest'income pledgeg as	interest in it	t? No Yes
		specify:	la manani (m.)	Sesumated value?
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	· · · · · · · · · · · · · · · · · · ·	,
	Date account established:	Address:		
	MYM / DAD / YVVVV	01. 01-1- 7:	······································	
	the state of the s	City, State, Zip:		
F.	If neither of the types of collateral described above we the loan amount, state the basis upon which this loan			
G.	COMMITTEE TREASURER		DATE	
- 1	Typed Name		M. T.M	/ 10 70 1 / 10 TO TO TO
	Signature .		<u></u>	
Н.	Attach a signed copy of the loan agreement.			
l.	TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above.	terms of the loan and other inform	mation regard	ling the extension of the loan
	II. The loan was made on terms and conditions (i similar extensions of credit to other borrowers	of comparable credit worthiness.		-
1	III. This institution is aware of the requirement that complied with the requirements set forth at 11			res repayment, and has
	ORIZED REPRESENTATIVE		DATE	
	d Name			\ [8-38-] \ [4-84-54-14.]
Signa	ature 1	Title	<u> </u>	

CHEDULE D (FEC Form 3X)		separate	PAGE OF		
DEBTS AND OBLIGATIONS scho			edule(s)	FOR LINE NUMBER:	
			or each pered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)	riarria	orea ime;	[10		
NAME OF COMMITTEE (III Fully					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	-	Nature of D	ebt (Purpose):	
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period		h			
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
					
		<u></u> l			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
		1			
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	K	[ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debtor				ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debior	or Creditor		nature of D	ebt (Purpose):	
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
Autorit menten 1119 t close	A comment of the control of the cont				
المستحدث المستعدد والمستاد والمستاد المستعدد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والم	2 P P <u>P P L (V.</u> - P <u>P P</u>	: <u>.</u>	<u> </u>	The distance of the state of th	
A CURTONIA THE DAVID THE COLUMN			(Total III	andametrandametra demokratica	
1) SUBTOTALS This Period This Page (optional)			<u> </u>	n (Factor Parks <u>Professor</u>) n gang ngungang	
2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C	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)				··· Named continued to a discontinued to a discontinued to a	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
Check if 24-hour notice 48-hour notice	Record Secure Manager Community Comm
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Committee of the control of the cont
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 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date / O TO / V TO TO
Mailing Address	Amount
City State Zip Code	The state of the s
Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: Senate District: President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	The statement of the st
(b) SUBTOTAL of Unitemized Independent Expenditures	Control of the c
(c) TOTAL Independent Expenditures	b
Under penalty of perjury I certify that the independent expenditures reported herein were n 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.	
Signature Date	M M / 0000 / 1000
	<u> </u>

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)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address Date Zip Code FUTUE / 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/ Type Mailing Address Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code nνb Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: rechandari Presidential Aggregate General Election Expenditure for this Candidate The state of the s SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only)......

PAGE

OF

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)

ME 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
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
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
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

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA	ATE SUPPORT	
Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received met	thod" where the federal pro	oportion of
expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	ifit derived by federal cand munications or voter drives	idates from the ac- that refer to both
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: New Revised Same as Previously Reported	% %	%
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	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	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		
EOR LIN	IF 18a OF	EORM	37

AME (OF COMMITTEE (In Full)		
INAM	IE OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		WALL OF THE TOTAL OF THE	
]
BRE	AKDOWN OF TRANSFER RECEIVED		Segment Language Comment of Segment Se
i)	Total Administrative		
ŀ			Language of the silent language franchise franchise for the first of t
j ii)	Generic Voter Drive		
			विकास मित्रकारी करवारी करवी. क किल व्यक्तिया गीतकारीकार विकास ।
(iii)	Exempt Activities		Orani Crani i ma Olivari i mano Crani i Mirandia and Alama Crani i Maria Crani i M
iv)	Direct Fundralsing (List Activity or Event Iden	ntifier)	
i		A many many many many many many many many	
l	a)	Control Professional State State Services	
1	b)	and the second of the second s	!
1	b)		United and Care Countries of State Countries of Sta
	c) Total Amount Transferred For Direct Fundra	isina	
			*** Council Susception to Observations with Energy Susception on Susceptibilities (S.)
) v)	Direct Candidate Support (List Activity or Ev	·	
	a)		l l
1		li	
1	b)		
]			
	c) lotal Amount Transferred For Direct Candid	ate Support	one of works at Disselfers for all Benefit and and these files.
	Public Communications Patersing Only to	Party (Made by PAC)	paragangangan ngangangangangangangangangangangangangan
Į VI)		R BREAKDOWN OF TRANSFER RECE	
	TOTALS FO		
TOTAL	This Period (Administrative)		
			and Contact with mitters state from the
TOTAL	This Period (Generic Voter Drive)	land hard	and the feedback from the same
TOTAL	This Period (Exempt Activities)		
	(Bear of Discounting a 198 granus of the section	Sand Marian Parasid State Theory (Sand State)
TOTAL	This Period (Direct Fundraising)	- I Transf Assertance -	and a classic 30 a line that the classic
		War was	
TOTAL	This Period (Direct Candidate Support)	<u>ii</u>	ander II admit alkadhada shireda d
TOT:	This David (Dublic Communications Defection	Only to Borto	- Control of the Cont
IUIAL	This Period (Public Communications Referring	Only to Party)	terror Terror dilaced Described Control and Control and Control of Security
TOTAL	This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		OF			OF				
FOR	LINE	21a	OF	FORM					

N	TME OF COMMITTEE (In Fúll)				
Ā.	Full Name (Last, First, Middle Initial)			· 	Allocated Activity or Event:
	Mailing Address		_ <u>-</u>		Administrative Fundraising Exempt
	Maining Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		 	[genegan]	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		=			
	The state of the s		- Prilmile ile	المستمرية عاري مستري – عد	
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
	Durage of Dishurgement			ı	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			الصمعناا	Very Constant De administration Described in the administration of
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
					and the state of t
<u>c.</u>	Full Name (Last, First, Middle Initial)	the desire	- (Lee Lee Co		Allocated Activity or Event:
C.	ruii Naine (Last, First, Middle IIIIIai)				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				, <u></u>	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	An Anthon the and and and about the Anadami	=			
			<u> </u>		
S	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	s Page NONFEDERAL	SHARE	= TOTAL AMOUNT
	ingly for the transfer of the second	· [
	<u> </u>		- (North- Ac-1)	:: Past - 170-3	I will be the the think the training the tra
_	STAI This Device /less worm for each line 1.3/	Cadaval at a	wa sa 04/=\/\\	d NonCoderal at	are to 01/a\/ii\
T	OTAL This Period (last page for each line only)(Federal sha			
T	OTAL This Period (last page for each line only)(FEDERAL SHARE		nre to 21(a)(i) and NONFEDERAL	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 FOR LINE 18b OF FORM 3X

AME OF CO	MMITTEE (In Full)			
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		M-W / D-D	/ With the control of	manganang 2003 - maga nagananggananganangganang ganageri (
BREAKDOV	VN OF THIS TRANSFER		VOTER REGISTR	ATION
i)	Voter Registration	n e		
	Total Amount Transferred for Voter	Registration		Control D
ii)	Voter ID			ndagen im anteresalmante and in the control of the
	Total Amount Transferred for Voter	ID		
iii)	GOTV			GOTV
,	Total Amount Transferred for GOT	V	L	
				GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity		15	and the manufacture frame has a second second second decreasing
	Total Amount Transferred for Gene	ric Campaign Activity		rad or one described the consideration of the consi
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		FRENT / PETT	/ }~~~~	dering all and an increase of the state of the second second and the second sec
				Land on the Disc I was a standard and the standard
BREAKDOV	WN OF THIS TRANSFER			
i)	Voter Registration	-	VOTER REGISTF حورت وستوند	
•	Total Amount Transferred for Voter	Registration	n Po est No alemandra X	i i
•••		_	٧	OTER ID
11)	Voter ID Total Amount Transferred for Voter	·ID		and harms the section of the section
	Total Altipulit Translatied for Yotel		عنادها لانعمان والبيما	A CONTRACTOR OF THE STREET
iii)	GOTV		laneran de contra	GOTV
	Total Amount Transferred for GOT	V		at The at two interest Times have at him fill according to
:>	Compile Compains Addition			GENERIC CAMPAIGN ACTIVITY
IV)	Generic Campaign Activity Total Amount Transferred for General	ric Campaign Activity	i j	and and made an electric describeration of the second seco
	Total Amount transiered for Gene	and Campaign Activity	÷	a Marian Grand Berry Barriello and Barriello and American State and Committee and
	TOTALS FOR BR	EAKDOWN OF TRANS	SFER RECEIVED (L	ast Page Only)
	This Desired Water Desired	α •	allamilandus las des	origina argi nandikamari manarik
IOTAI	L This Period (Voter Registration)		-132132	
ΤΩΤΔΙ	L This Period (Voter ID)		हित्रक्रमा क्षित्रक्ष न् ह स्थानीय ।	ingermengan ingermana perawagan ingermangkan ing
19171			- Control	The state of the s
TOTAL	L This Period (GOTV)			and the state of t
			Carain de	ri Dirambana (n. m. Diramban ribinan) bisangi namb mga antang ang animpan-manangan na panganan ang ang ang ang ang ang ang ang
TOTAL	L This Period (Generic Campaign A	ctivity)		
			i	nala na la sel Sanala meritar d'Aren Sararina Elember e l' para para provincia prongrama para para para para para para para
TOTAL	L This Period (Total Amount of Tran	sfers Received)		
				Institute State Baseline Aread Die alle and and the college

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

AME OF COMMITTEE (In Full)			
A. Full Name (Last, First, Middle Initial) / Full Organ	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	ال عمل مستن ســـــــــــــــــــــــــــــــــــ	
Purpose of Disbursement		Category/ Type	Date / POST / VIVE V
FEDERAL SHARE +	LEVIN SHA		= TOTAL AMOUNT
. The color Phasiline of the Parello color (Cloud and an		-2	The start which we have the start of the start of
B. Full Name (Last, First, Middle Initial) / Full Organi	ization 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		Hardy St. Seatter Barbard - Babard
Purpose of Disbursement		Category/ Type	Date / O O / V V V V V
FEDERAL SHARE +	LEVIN SHA	*V-V-7-V	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organ	ization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		<u></u>	Allocated Activity or Event Year-To-Date
City State	Zip Code	[
Purpose of Disbursement		Category/ Type	Date Date
FEDERAL SHARE +	LEVIN SHA		= TOTAL AMOUNT
	<u></u>	and the second of the second o	Section for Factoral and Section (Section 1)
UBTOTAL of Shared Federal and Levin Activity This F	age	NDE	= TOTAL AMOUNT
			TOTAL AMOUNT
OTAL This Period (last page for each line only)(Federal SHARE			30(a)(ii)) TOTAL AMOUNT
	LEVIN SHA	ARE	=
OTAL This Period for the Levin Share			

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

NAM	E OF COMMITTEE (In Full)		
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized		ger a stranger and manifest and a substantial series of a series o
	(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
	(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		
	(e) Total		
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)		
•		Mander Stranger Stranger 1 - Afrey J	Manufactural designation of the state of the
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
	Canada ano 14 1 Au Filo al		

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

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

FOR LINE NUMBER: (check only one)

	1a	\Box_2
1 1		-

OF

PAGE

any information copied from such	Reports and Statements m	nay not be sold or used by ar	ny person for the purpose of soliciting co	ontributions
r for commercial purposes, other	than using the name and	address of any political comm	nittee to solicit contributions from such co	ommittee.

\rangle	NAME OF COMMITTEE (In Full)		
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
١.			MEM / BEFF / POP POP
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Only State	Zip Code	and the state of t
	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
3.	Mailing Address		MOH / 0 3 0 / YUV Y 5 Y
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	•	·	h.
	Name of Employer or Principal Place of Business		
			Aggregate Year-to-Date
	Occupation		
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Bossist
2.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
•	Mailing Address		
	•		Amount of Each Receipt this Period
	City State	Zip Code	Charling to arbandment embanderatuminants of a
	Name of Employer or Dringing Place of Philippes		
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		Leading to the control of the fear from the control of the control
	•		Construction Read Constitution (Constitution Constitution
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Э.			[m-4-4] / [TETE 6] / [**********************************
	Mailing Address		
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	•	·	4
	Name of Employer or Principal Place of Business		The state of the s
	Danisalia		Aggregate Year-to-Date
	Occupation		Section 1 to the section of the sect
			go governo se specie, a sprangang and percent
5	UBTOTAL of Receipts This Page (optional)	>	to operation of a complete the section of the secti
7	OTAL This Period (last page this line number only)		harden lande and the family of

SC	HEDUL	E L-B	(FEC	Form	3X)
ITE	MIZED	DISBU	RSEM	ENTS	
ΩE	LEVIN	FIINDS	3		

Use separate schedule(s)

FOR LINE NUMBER: PAGE

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5	
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 A.		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 B.		Date of Disbursement	
Mailing Address		Lateración de la companya de la comp	
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name C.		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 D.		Date of Disbursement	
Mailing Address		MUM , DED , VUVUV	
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		- Company of the Comp	
Full Name (Last, First, Middle Initial) / Full Organization Name E.		Date of Disbursement	
Mailing Address		M-M / DOB / V-V-V-V-V	
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (optional)		The second secon	
TOTAL This Period (last page this line number only)			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed 6x	Shipping Date
Next Business	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):	ceipt or Postmarked
a	1/6/11
PREPARER (3/2005)	DATE PREPARED