FEC FORM 3X

20-16 - 074 - 21 - 05 - 000000744-1

Office

Use

Only

REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

RECEIVED. FEG MAIL CENTER

2016 JUL 21 AM 10: 40

FEC FORM 3X

Rev. 12/2004

				Office Use On	<u>y</u> .
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.		E4M5	
Will Of Th.	e People i	PAC			
	 				
ADDRESS (number and street)	7209 E W	T. Havriss	BINA	Souite J	222
▼ Check if different than previously					
than previously reported. (ACC)	(C, h, a, r, 1, 0, +, +, e	2	الما الماد	[2,8,22]	<u>'</u>
2. FEC IDENTIFICATION N	NUMBER V C	TY▲	STATE	▲ ZIP	CODE A
CO.OG.19.1	£ / 1 #	LX /	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	قصا Report	b 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Ma	ar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election
April 15	Ap	г 20 (М4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report	(Q1) (c) 12-Day	Primary (12F	P) [] G	eneral (12G)	Runoff (12R)
July 15 Quarterly Report	(Q2) PRE-Election Report for the:	Convention ((12C) S	pecial (12S)	
October 15 Quarterly Report	(Q3)			in t	
January 31 Year-End Report	(YE) Elect	ion on		9 "" "	e of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	POST-Election	General (300	G) 🔲 Ri	unoff (30R)	Special (30S)
Termination Repo (TER)		ion on			ne te of
5. Covering Period	4 01 201	through	[] B	5 2010	Ÿ
o. Covering Forder		ougi			
I certify that I have examined	\sim 0.		•	ect and complete.	
Type or Print Name of Treasu	rer <u>Kobert</u>	A. Havelles	<u>-111_</u>		·
Signature of Treasurer	Ahrf W	lle	Date	07/15	2016
NOTE: Submission of false, erro	oneous, or incomplete informati	on may subject the per	son signing this Rep	ort to the penalties of	52 U.S.C. § 30109

FEC Form 3X (Rev. 02/2003)

20-16 - 07 - 2-1- 07 - 000897422

Page 2

Write or Type Committee Name		, ago _
Will of the Per	ople PAC	
Report Covering the Period: From:	4 01 Z 51 C	o: 0.8 B.0 2.51.L
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1, 20, (6)		2,0,0,0,0
(b) Cash on Hand at Beginning of Reporting Period	20,00	
(c) Total Receipts (from Line 19)	5.9 .0	5.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20500	20500
7. Total Disbursements (from Line 31)	49	49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20451	20451
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	
This committee has qualified as a multication	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
• .	Federal Election Commission	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

To:

Page 3

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Will
Report Covering the Period:

ill of the People PAC

Report Covering the I	Period:	From:	04	,	0 1	2 0

COLUMN B COLUMN A 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)

of Disbursements

	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)	control in a remove	Calcillati Teat-to-Date
	(i) Federal Share	0 49	0 49
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	049	0.49
22.	Transfers to Affiliated/Other Party		
00	Committees		<u> </u>
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(52 U.S.C. § 30116(d)) (use Schedule F)		
	, , , , , , , , , , , , , , , , , , , ,		
26.	Loan Repayments Made		
27.	Loans Made		N 3 450 M H 492 M H 450 M
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	H 4*2 N H 4F2 N H 4F2 U N	
	(b) Political Party Committees	57	A
	(c) Other Political Committees		
	(such as PACs)		<u> </u>
	(d) Total Contribution Defunds		
	(d) Total Contribution Refunds		and the state of t
	(add Lines 28(a), (b), and (c))▶		
00	Other Dishusersents		
29.	Other Disbursements		
30	Federal Election Activity (52 U.S.C. § 30101)	(20))	
	(a) Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share		
	(i) i oddia. Grafo millionini.		
	(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))▶		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	แล	Цa
	• "		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		And and the second second and the second
	from Line 31)	Na	49

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 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

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) the People PA Full Name (Last, First, Middle Initial) Date of Receipt Troy MOLAMONT Mailing Address Birchill Rd 5608 City Zip Code Mint 28277 NL Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Memo Item Wiminel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) В. 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 Memo Item 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 Memo Item 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 A (FEC Form 3X)

ITEMIZED RECEIPTS

5.0

FOR LINE NUMBER:

(check only one)

11a

13

Use separate schedule(s)

for each category of the

Detailed Summary Page

PAGE

11c

OF

SCHEDULE B (FEC Form 3X) **PAGE** OF FOR LINE NUMBER: Use separatè schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 24 26 25 Detailed Summary Page 27 28a 28b 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 Zip Code State 70884 Purpose of Disbursement Amount of Each Disbursement this Period Administrative Costs Category/ Type Office Sought: House Disbursement For: Memo Item Senate Primary General President Other (specify) \(\nbbeta\) State: District: Full Name (Last, First, Middle Initial) В. 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) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Disbursement For: Office Sought: House Memo Item Senate Primary General President Other (specify) State: District:

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

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

CHEDULE C (FEC F	uiii sa <i>j</i>	Use separate schedule(s) PAGE \ OF 1
DANS		for each category of the
		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	^ ^	
)	- the People PA(
LOAN SOURCE Full Name	(Last, First, Middle Initial)	Memo Item Election: Primary General
Mailing Address		Other (specify) ▼
City	State ZI	P Code
Original Amount of Loan	Cumulative Payme	
TERMS Date Incurred	Date	Due Interest Rate Secured:
M X M / B T D / V	<u> </u>	% (apr) Yes No
List All Endorsers or Guara	antors (if any) to Loan Source	
1. Full Name (Last, First, M	liddle Initial)	Name of Employer
Mailing Address		Occupation
	,	Amount
City	State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only)......

20 6 07 24 0% 00000749

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE (OF (
FOR LINE NUMBER: (check only one) 9

NAME OF COMMITTEE (In Full)	O 1: DA/	
	People PAC	
A. Full Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose):
Mailing Address	<u> </u>	-
The state of the s		
City State	Zip Code	Ţ. · · ·
Outstanding Balance Beginning This Period		<u>.</u>
	•	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
Mailing Address		4
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 Deb	otor or Creditor	Nature of Debt (Purpose):
Mailing Address		-
, , , , , , , , , , , , , , , , , , ,	·	
City	State Zip Code	
		<u> </u>
Outstanding Balance Beginning This Period	• .	•
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
American Alexandre and Parameters and Parameters and American American		
1) SUBTOTALS This Period This Page (optional)		
2) TOTALS This Poriod float nose this time and	er only)	0.0:
2) TOTALS This Period (last page this line numb	ег отпуу	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	0.00
		(0,0)
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last nage only)	

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Will of the People PAC 48-hour report Check if 24-hour report New report Amends report filed on Memo Item Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Memo Item Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Туре Name of Federal Candidate Office Sought: Support House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its/agent.

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

ON BEHALF OF CANDIDATES F	OR FEDERAL OFFICE		PAGE	1 ^{OF} (
<u>`</u> ` `	used only by Political Comm	nittees in the Gene	ral Election) FOR L	INE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) WIN OF FL	e People PA	1		Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party of YES NO	Full Name of Subcommittee?	ordinate Committee		
If YES, name the designating committee:	Mailing Address City		State	ZIP Code
Full Name (Last, First, Middle Initial) of E	ach Payee	☐ Memo Item	Purpose of Expenditure	Catagory
Mailing Address			Date	Category/ Type
City	State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State:	Amount	
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of E Mailing Address	ach Payee	☐ Memo Item	Purpose of Expenditure	Category/ Type
City	State Zip Code		Date	,
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State:		
Aggregate General Election Expenditure for this Candidate			Samuel Sa	and the second second second second
Full Name (Last, First, Middle Initial) of E Mailing Address	ach Payee	☐ Memo Item	Purpose of Expenditure	Category/ Type
City	State Zip Code		Date / D D	/ ///
	Office Sought: House Senate Presidential	State:	Amount	
Aggregate General Election Expenditure for this Candidate ▶				
SUBTOTAL of Expenditures This Page (option	onal)	<u> </u>		C.O.O. :
. TOTAL This Period (last page this line number)	per only)	>		,,,0,0,0

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees Flat 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

2016 · 07 · 21 · 0% · 00000975%

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE OF)
NAME OF COMMITTEE (In Full)		<u>, </u>
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE ACTIVITIES APPEARING ON THIS REPORT.	E SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received metho expenses must equal the federal proportion of monies raised. 	od" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accord where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commu federal and nonfederal candidates, regardless of whether there is a ref are allocated using a time/space method.	derived by federal cand nications or voter drives	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IC.	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	%	0/
CHECK IF THE RATIO IS:	1 ⁷⁰	70
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONEEDEDAL 9/
ACTIVITY IS:	PEDENAL /	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		Comment Commen
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	%	<u> </u>
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL ()	NONEEDEDALO
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
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>
New Revised Same as Previously Reported		

2016:07:21:03:00089753

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

PAGE	1	Ċ	F	1	
FOR LIN	ΙE	18a	OF	FORM	3X

AME OF COMMITTEE (In Full)	• •
Will of the People AC	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
HUH / OLO / YEVOVEY	
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	, <u> </u>
\	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a)	
	SCEED .
b) ·-	
ATALA AT CALE BUANE AND	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
Employee Control of the Control of t	
a)	· · ·
Exercise Contract Con	
b)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	/ED
	The same of the sa
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	A The Research of the second
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Condidate Cunned)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Pariod (Public Communications Paterring Only to Posts)	and the second s
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	000
TOTAL THIS TOTAL (TOTAL AMOUNT TRANSPORTED)	bearing the state of the state

SCHEDULE H4 (FEC Form 3X)

2016 D. 21 0% 00089755-

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF \	
E00 1	NE O4	05 5001	

					TOTAL ETTE ETTE OF TOTAL OX
NA	ME OF COMMITTEE (In Full)	0	" OA /		
	Will of th	e Peop	IC PAC		
A.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	P.O. Box 84314	State	Zip Code		Public Comm (ref to party only) by PAC
	Ration Pause	1 A-	7088	4	the cold of the second states and second states and second
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	<u>1991 </u>			Assert American School Company of the Company of th
	,			Category/ Type	Date 06 18 2016
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	49				49
B.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	· · · · · · · · · · · · · · · · · · ·				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		<u> </u>	T	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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
	r alpose of Dissarsement.		·		
	Activity or Event Identifier:			Cotocon	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	the state of the s				
				1 1	
S	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity Th	is Page NONFEDERAL	SHARE	= TOTAL AMOUNT
	49				49
T	OTAL This Period (last page for each line only)	(Federal sh	are to 21(a)(i) and		
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
	49		<u> </u>		1 49

SCHEDULE H5 (FEC Form 3X)

2016-07-21-03-00089756

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE		TC	F	(.	
FOR I	INF	18h	OF	FORM	1 3X

To be used by state, bistrict and Essair rarry committees striyy	FOR LINE 18b OF FORM 3X					
NAME OF COMMITTEE (In Full)						
Will of the Reople PAC						
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED					
BREAKDOWN OF THIS TRANSFER						
i) Voter Registration VOTER REGISTRATI						
Total Amount Transferred for Voter Registration	-1					
ii) Voter ID	ER ID					
Total Amount Transferred for Voter ID						
iii) GOTV	GOTV					
Total Amount Transferred for GOTV						
	GENERIC CAMPAIGN ACTIVITY					
Total Amount Transferred for Generic Campaign Activity						
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED					
Consellement Securitaries Describeration in	According to the contract of t					
BREAKDOWN OF THIS TRANSFER VOTER REGISTRATI	ion					
i) Voter Registration Total Amount Transferred for Voter Registration						
Company and the second	ER ID					
ii) Voter ID Total Amount Transferred for Voter ID	The state of the s					
Secundaria de la companya della comp	GOTV					
iii) GOTV Total Amount Transferred for GOTV						
	GENERIC CAMPAIGN ACTIVITY					
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity						
Lacour Co.						
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last	t Page Only)					
TOTAL This Posted (Votes Postetties)						
TOTAL This Period (Voter Registration)						
TOTAL This Period (Voter ID)	The same of the sa					
Beautiful and the second of th						
TOTAL This Period (GOTV)						
TOTAL This Period (Generic Campaign Activity)						
TOTAL THIS TOTAL (Generic Campaign) Activity)						
TOTAL This Period (Total Amount of Transfers Received)						

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

2016-07-21-087-00089757

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

PAGE OF FORM 3X

								
NAME OF COMMITTEE (In Full)								
Will of the People PAC								
A. Full Name (Last, First, Middle Initial) / Full (Organization Name	☐ Memo Item	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		72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d-4-72-d					
Purpose of Disbursement								
Talpose of Bloodiscinorii	•	Category/ Type	Date					
FEDERAL SHARE	+ LEVIN S		= TOTAL AMOUNT					
Commenter of the Commen								
	<u> </u>							
B. Full Name (Last, First, Middle Initial) / Full (Organization Name	☐ Memo Item	Type of Allocated Activity or Event:					
·			Voter Registration GOTV Voter ID Generic Campaign					
		·	Total 15					
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event Year-To-Date					
City State	Zip Code							
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·	Catagory	THE THE THE PARTY OF THE PARTY					
		Category/ Type	Date Date					
FEDERAL SHARE	+ LEVIN S		TOTAL AMOUNT					
Contraction on the confidence of the confidence								
C. Full Name (Last, First, Middle Initial) / Full (Organization Name	☐ Memo Item	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							
Only State	2.p 0000							
Purpose of Disbursement		Category/	MEM / DED / VOVEVE					
	· .	Type	Date					
FEDERAL SHARE	+ LEVIN S		= TOTAL AMOUNT					
December of the section of the secti								
SUBTOTAL of Shared Federal and Levin Activity	This Page	- -						
FEDERAL SHARE	÷ LEVIN S	SHARE	TOTAL AMOUNT					
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i)	and Levin share to	30(a)(ii))					
FEDERAL SHARE			TOTAL AMOUNT					
	· · · · · · · · · · · · · · · · · · ·							
	LEVIN S	SHARE						
TOTAL This Period for the Levin Share	<u> </u>							

SCHEDULE L (FEC Form 3X)

2016-07-21-03-00089758

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)							
	40111W	the	People PAC				
NAME	E OF ACCOUNT						
<u> </u>	······		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1. :	RECEIPTS FROM PERSONS						
	(a) Itemized(Use Schedule L-A)	بمب					
-	(b) Uniternized						
	(c) Total						
2.	OTHER RECEIPTS						
3.	TOTAL RECEIPTS						
	(Add Lines 1c and 2)	land.					
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						
	TOTAL DIODUDOFMENTO						
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)		-3)* A - 4) - 1				
9.	SUBTOTAL	(
	(Add Lines 7 and 8)						
10.	DISBURSEMENTS(From Line 6)						
1 1.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)						

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

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

FOR LINE NUMBER:

PAGE	١	OF	1
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(check only one) 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 Receipt Α. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code 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 ☐ Memo Item C. Mailing Address Amount of Each Receipt this Period State City Zip Code 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 Memo Item. D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMB	ER:	PAG	E	OI	
(check only one)				ſ	
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Aggregation Page 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 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 Memo Item 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 Name ☐ Memo Item Date of Disbursement C. Mailing Address City 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 State Zip Code City Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement E. Mailing Address 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).....

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