1503 138 3745

FEC FORM 3X

Use

Only

FE7AN014

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 FEB -2 AH 10: 06

Office Use Only

Rev. 12/2004

CENTER TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. INO, MORE, WIMPONTS -14, N, U, L, O, G, Y, ADDRESS (number and street) Check if different than previously ICIEIDIAIRI 1/1/ 15,0,6,13 reported. (ACC) FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A 3. IS THIS NEW **AMENDED** REPORT OR (N) (A) TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Electi Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day (d) Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 8 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jay Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109. Office FEC FORM 3X

Thom: This in single

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name No More Wimpouts 00/30/2014 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 000 6(a) and 6(c) for Column B) 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 000 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has 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

150m - INO - NAT

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
No More Wimponts		
′ কেন্দো	· [677] · [777]	08/30/2014
Report Covering the Period: From: UY	01 2019 To:	
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	() ()	0.00
(i) Itemized (use Schedule A)		77.
(ii) Unitemized	000	0.00
(iii) TOTAL (add	() ()	
Lines 11(a)(i) and (ii)▶	0.00	0.00
(b) Political Party Committees	000	000
(c) Other Political Committees		
(such as PACs)	0.00	000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0,00	0.06
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	000	000
14. Loan Repayments Received	0,00	0,06
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	000
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	000
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	000	000
(b) Levin Funds (from Schedule H5)	000	000
(b) Levin I and (norm conceded the)		
(c) Total Transfers (add 18(a) and 18(b))	0,00	0.00
		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	$U_{1}U_{2}U_{3}U_{4}U_{5}U_{5}U_{6}U_{6}U_{6}U_{6}U_{6}U_{6}U_{6}U_{6$	<u> </u>
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	000
<u> </u>		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

21 Operating Expenditures (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	_	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Activity (from Schedule H4) (i) Federal Share	21.	Operating Expenditures: —— (a) Allocated Federal/Non-Federal		
(i) Non-Federal Share		Activity (from Schedule H4)	0.00	0.00
(b) Other Federal Operating Expenditures (200		(i) Federal Share		
Expanditures (c) Total Operating Expanditures (add 2f(a)(), (a)(ii), and (b))		· · ·	000	0.00
(c) Total Operating Expenditures (add 21(a)(ii), (a)(iii), and (b))		· · · · · · · · · · · · · · · · · · ·	O(40)	000
(add 21(a)(i), (a)(ii), and (b))		The state of the s		
20. Committees		and the contract of the contra	0.00	0.00
20. Contributions to Federal Candidates/Committees and Other Political Committees	22.	•		
Federal Candidates/Committees and Other Political Committees (use Schedule F). 24. Independent Expenditures (use Schedule F). 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F). 26. Loan Repayments Made. 27. Loans Made. 28. Refunds of Contributions To (a) Individuals/Persons Other Than Political Committees (c) Other Political Committees (such as PACs). (b) Political Party Committees (such as PACs). (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	23.		0,00	$Q_1\theta_2$
24. Independent Expenditures (use Schedule F)		Federal Candidates/Committees and Other Political Committees	000	000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(0)) (luse Schedule F)	24.	I		
26. Loan Repayments Made	25.	(use Schedule E)	0.00	0.00
26. Loan Repayments Made		(52 U.S.C. § 30116(d)) (use Schedule F)	O(0.0)	0.0.0
27. Loans Made				
28. Refunds of Contributions To (a) Individuals/Persons Other Than Political Committees	26.	Loan Repayments Made	<u> </u>	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	27.	Loans Made	000	000
Than Political Committees		Refunds of Contributions To:		
(c) Other Political Committees (such as PACs)			0,00	0.00
(c) Other Political Committees (such as PACs)		(b) Political Party Committees	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		· · · · · · · · · · · · · · · · · · ·		
(add Lines 28(a), (b), and (c))		(such as PACs)	, 000	000
(add Lines 28(a), (b), and (c))		(d) Total Contribution Refunds		(
30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		` '	0.00	000
30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		Other Distance and	200	064
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	29.	Other Disbursements	0.00	000
(from Schedule H6) (i) Federal Share	30.	Federal Election Activity (52 U.S.C. § 30101(20))		
(i) Federal Share				
(ii) "Levin" Share			000	000
(b) Federal Election Activity Paid Entirely With Federal Funds		(1) 1 333141 311413 111111111111111111111		
With Federal Funds		The state of the s	O,O,O	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		· ·	000	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		<u> </u>		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		Lines 30(a)(i), 30(a)(ii) and 30(b))▶	200	000
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	21	Total Dishursaments (add Lines 21(c) 22		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	J1.	, and a second s	OP 0	000
(subtract Line 21(a)(ii) and Line 30(a)(ii)		<u>. </u>		
	32.			
			$\mathcal{O}(\mathcal{O}(\mathcal{O}))$	000

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 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

-	
138	
ろうちろ	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE (OF ((check only one)
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		3-1
No Moro Wingoon	<i>ts</i>	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Mama / Land / Landana
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		L. n. i. n.
Name of Employer Occupation		
Receipt For: Aggregate Primary General	Year-to-Date ▼	
Other (specify)	/1_\tau_\tau_\tau_\tau_\tau_\tau_\tau_\ta	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M2M) / 600 / 720000
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	^-^-^-	
Name of Employer Occupation	1	-
Receipt For: Aggregate Primary General	Year-to-Date ▼	
Other (specify) ▼	<u> </u>	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MAM) / DAD / LAAAAA
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupation	7	
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		0.0.0

	•
1258	
3751	

CHEDOLE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each category of the	(check only o	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	lents may not be sold or used	لمستاسا	
or for commercial purposes, other than using the name			
NAME OF COMMITTEE, (In Full)			
No Moro Win	nonate		
Full Name (Last, First, Middle Initial)	(
ruli Ivaille (Last, Filst, Iviloule Illilial)			Date of Disbursement
None			
Mailing Address			
City	State Zin Code		
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	
	Primary General	Į	
	Other (specify) ▼		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
3.		-	Date of Disbursement
Mailing Address			WAW \ LOGO \ LOGO \
Mailing Address			المستمينا استنا السيسا
City	State Zip Code		
Dumana of Dishuranana			
Purpose of Disbursement	\ f		Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dispulsement this Fellou
		Category/ Type	
Office Sought: House Disbursen	nent For:		
	Primary General	-	
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
i dii ivalile (Lasi, i list, iviludle lillial)		}	Date of Disbursement
			LWAWA / LOSO / LASARAGE
Mailing Address			
City	State Zip Code		
Ony	orace Zip Code	}	
Purpose of Disbursement	F-		
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	
<u></u>	Primary General		
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only)		>	000

SCHEDULE C (FEC Form 3X)	
LOANS	Use separate schedule(s) PAGE / OF / for each category of the Postailed Summary Page FOR LINE 13 OF FORM 3X
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full) NO More Wimp	oonts
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
None	Primary
Mailing Address	General Other (specify)
Mailing Address	Caron (aposary)
City State Z	ZIP Code
Original Amount of Loan Cumulative Paym	
	e Due Interest Rate Secured:
	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	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)	
TOTALS This Period (last page in this line only)	ine. If no Schedule D. carry forward to appropriate line of Summery

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

Supplementary for Information found on Page ____ of Schedule C

rederal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
No More Wimponts		C 0.0.5.4.2.3.7.3
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	فسرندين سانون سانون	
None		Land
Mailing Address		المحمد محمدا العموا السما
	Date Incurred or Established	
City State Zip Code	Date Due	MAMA / LONG / LANGE /
)		المستحصل لسمسا المستحسل
A. Has loan been restructured? No Yes	If yes, date originally incurred	Maw \ load \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors in	rred? nust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the		What is the value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other		
No Yes If yes, specify:	or on mar traditional condicions	
		Does the lender have a perfected security
	reat income interded on	interest in it? No Yes
E. Are any future contributions or future receipts of inte	specify:	What is the estimated 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:	
Mom \ Dag \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City, State, Zip:	
F. If neither of the types of collateral described above w	vas pledged for this loan, or if the	amount pledged does not equal or exceed
the loan amount, state the basis upon which this loa	n was made and the basis on whi	ch it assures repayment.
G. COMMITTEE TREASURER		, , , , , , , , , , , , , , , , , , ,
Typed Name		DATE
Signature	/	01/13/2015
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the	terms of the loan and other inform	nation regarding the extension of the loan
are accurate as stated above.		
The loan was made on terms and conditions (i similar extensions of credit to other borrowers)	including interest rate) no more fav of comparable credit worthiness.	vorable at the time than those imposed for
III. This institution is aware of the requirement that complied with the requirements set forth at 11		
AUTHORIZED REPRESENTATIVE	S	DATE
Typed Name		المحمد محمد المعدما السيسا
Signature	Title	

SCHEDULE D (FEC Form 3X)	(Use separate PAGE (OF (
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER: for each (check only one) 9
Excluding Loans	numbered line)
NAME OF COMMITTEE (In Full) No Moro Wimponts	
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	<u> </u>
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
B. 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
C. 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
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	b
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	b 0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	() ()

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE (OF / FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
No Moro Wimpouts	C 0 0 5 4 2 3 7 3
	mends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
None	MAM, DAD, YAYAYA
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	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	المصميم المصميا
Mailing Address	Amount
City State Zip Code	
1	Date of Disbursement or Obligation
Purpose of Expenditure Category,	MAM / DAD / LAAAAA
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OFFICE INCEPTION EXPENDING EXPENDING	0.00
(c) TOTAL Independent Expenditures	000
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	erein were not made in cooperation, consultation, or concert or agent of either, or (if the reporting entity is not a political
	الممضمة العمقاء الممضمة
Signature	Date 01 13 2015

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) **PAGE** ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if lo Mors Wimpouts 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? None YES NO X If YES, name the designating committee: Mailing Address ZIP Code City State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City 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 City 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

SUBTOTAL of Expenditures This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

District:

Senate

Presidential

Aggregate General Election Expenditure for this Candidate ▶

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)
No Moro Wimponts
USE ONLY ONE SECTION, A or B
OUE ONE! ONE SECTION, A OF 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

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE	j OF /
NAME OF COMMITTEE (In Full) No Moro Wimpouts			<u>'</u>
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT.	DRT		
Methods of allocation:			
 FUNDRAISING activities are allocated using the "funds received method" where expenses must equal the federal proportion of monies raised. 	the federal pro	oportion of	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to be where the federal proportion of disbursements is based on the benefit derived to tivity. For PACs Only: Direct candidate support includes public communications federal and nonfederal candidates, regardless of whether there is a reference to are allocated using a time/space method.	by federal cand or voter drives	idates from that refer	the ac- to both
ACTIVITY OR EVENT IDENTIFIER FED	DERAL %	NONFE	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%		~
New Revised Same as Previously Reported			
	DERAL %	NONFE	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%		%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER FED	DERAL %	NONFE	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%		 %
ACTIVITY OR EVENT IDENTIFIER		 	
1.5.11	DERAL %	NONFE	DERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%		<u></u> %
ACTIVITY OR EVENT IDENTIFIER FED	DERAL %	NONFE	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%		<u>"</u>
ACTIVITY OR EVENT IDENTIFIER FED	DERAL %	NONFE	DERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%		<u>"</u>

Same as Previously Reported

Revised

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

PAGE	1 OF	1	
EOD	LINE 100 OF	EODAA	2

NAME OF COMMITTEE (In Full)		
<u> </u>	10 Wimpouts	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
None		
BREAKDOWN OF TRANSFER RECEIVED	-	
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Ider	ntifier)	
a)		
		~ ~
ь)		J.
a) Total Assessed Transferred For Direct Fundament	inia.	
c) Total Amount Transferred For Direct Fundra	ising	
v) Direct Candidate Support (List Activity or Ev	ent Identifier)	
-		
a)		_1
b)		7
,		
c) Total Amount Transferred For Direct Candid	ate Support	
vi) Public Communications Referring Only to I	Party (Made by PAC)	
TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVE	ED .
TOTAL This Period (Administrative)		000
TOTAL This Besied (Capacia Veter Drive)		000
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		0,00
\\\\\\\\\\\		
TOTAL This Period (Direct Fundraising)		0,00
	<u> </u>	
TOTAL This Period (Direct Candidate Support)		\mathcal{Q}_{00}
	Γ	000
TOTAL This Period (Public Communications Referring	Only to Party)	
TOTAL This Period (Total Amount Transferred)		0.00

1503 - 138 - 3760

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	·	OF	1	
FOR	LINE	21a OF	FORM	3X

N/	AME OF COMMITTEE (In Full)	
_	100 More Wimpouts	
A.	Full Name (Last, First, Middle Initial) No More Wimponts None	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: Cate Ty	
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)	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 Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	
	Activity or Event Identifier:	
		pe Date Man / Date
	FEDERAL SHARE + NONFEDERAL SHARE	= 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: Cate Ty	gory/ pe Date
	FEDERAL SHARE + NONFEDERAL SHARE	
_		
S	UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
	000	000
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFed	
	FEDERAL SHARE NONFEDERAL SHARE	TOTAL AMOUNT
		0.00

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)

`				FOR LINE 18b OF FORM 3X
NAME OF COMM	IITTEE (In Full) No M	ore himpo	onts	
NAME OF ACC	OUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
N	oni	[van	/ <u> </u>	
	OF THIS TRANSFER		VOTER REGISTE	RATION
1	oter Registration Ital Amount Transferred for Vote	r Registration	-041 <u>00</u> 4	
1	oter ID stal Amount Transferred for Vote	r ID		OTER ID
iii) Go	OTV Ital Amount Transferred for GOT	·V		GOTV
	eneric Campaign Activity Ital Amount Transferred for Gen	eric Campaign Activity		GENERIC CAMPAIGN ACTIVITY
NAME OF ACC	COUNT	DATE OF RECEIPT	/ *****	TOTAL AMOUNT TRANSFERRED
i) Ve	OF THIS TRANSFER oter Registration otal Amount Transferred for Vote	r Registration	VOTER REGISTR	RATION
ii) Ve	oter ID otal Amount Transferred for Vote	\ <u>\</u>	V	OTER ID
'	OTV obtail Amount Transferred for GOT	⁻ v		GOTV
	eneric Campaign Activity otal Amount Transferred for Gen	eric Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	TOTALS FOR BI	REAKDOWN OF TRANS	SFER RECEIVED (L	ast Page Only)
TOTAL T	his Period (Voter Registration)		-0.00-0-0.00	0,00
TOTAL T	his Period (Voter ID)			0.00
TOTAL T	his Period (GOTV)			000
TOTAL T	his Period (Generic Campaign /	Activity)		000
TOTAL T	his Period (Total Amount of Tra	nsfers Received)		

PAGE

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	l	OF		
OR LINE	30a	OF	FORM	И ЗX

NAME OF COMMITTEE (In Full)		
No More Win	rpouts	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	ne e	Type of Allocated Activity or Event:
None		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	ne	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/	المحمصما / لوصول / لسميم
	Туре	Date
FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT
	_^	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	me	Type of Allocated Activity or Event: Voter Registration Voter ID GOTV Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Divinosa of Dishuranment		\$
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT
	- <u> </u>	
SUBTOTAL of Shared Federal and Levin Activity This Page		
FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT
000	0.00	
TOTAL This Period (last page for each line only)(Federal share to FEDERAL SHARE	30(a)(i) and Levin share to	30(a)(ii)) TOTAL AMOUNT
000	LEVIN SHARE	0.00
TOTAL This Period for the Levin Share	0.00	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)	Noro Wimpouts	
NAM	E OF ACCOUNT None		· .
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	0.00	0.00
	(b) Unitemized	000	0.00
	(c) Total	0.00	0.00
2.	OTHER RECEIPTS	0.00	0.00
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	0.00
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	0.00	0.00
	(b) Voter ID	0.00	0.00
	(c) GOTV	0.00	0.60
	(d) Generic Campaign	0.00	, 0,0,6
	(e) Total	000	0.00
5.	OTHER DISBURSEMENTS	0.00	0.00
6. 	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	000	0.00
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	0.00	0,00
8.	RECEIPTS(from Line 3)	0.00	ŎO o
9.	SUBTOTAL(Add Lines 7 and 8)	000	0,0,0
10.	DISBURSEMENTS(Fram Line 6)	0.0.0	<u> </u>
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0.0.0

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:

= {	OF	- 1
1		_
1a		2

PAGE

(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) No Moro Wimpogts Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt None 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 C. 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 D. Mailing Address Amount of Each Receipt this Period Zip Code City State 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).....

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

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

FOR LINE NUMBE	R: P	AGE /	OF /
(check only one)			
	4a	4c	5
	4b	4d	

ا 	F LEVIN FUNDS	, igg. ega.ion 1 age	4b4d		
	any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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) No More (L)	moonts			
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement		
	Mailing Address		Mam \ 600 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	City State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement				
В.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement		
	Mailing Address		Mam \ Dag \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	City State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement				
c.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement		
	Mailing Address		MAM \ LOGO \ LAGARA		
	City State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement				
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement		
	Mailing Address		MAM \ BAD \ AAAAAA		
	City State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement				
Ε.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement		
	Mailing Address		MAN \ COLO \ \ AAAAAAA		
	City State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement				
s	UBTOTAL of Disbursements This Page (optional)	•	0.0.6		
т	OTAL This Period (last page this line number only)		000		



GTW INCLUDED *

CLUDED +

REGIONAL RATE BOX A

1521 Technology Parkway Cedar Falls, IA 50613 Cohesion

Federal Electron Commission Washington, DC 20463 999 E Street NW

(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify): PREPARER DATE PREPARED