REPORT OF RECEIPTS

RECEIVED

FORM 3X		DISBUR er Than An Auth		_	FEC MAN	
1. NAME OF COMMITTEE (in f	_	PRINT Y	Example: If typ over the lines.		12FE4M5	
		tizen A	ation	Poilit	ical A	ction
Commit						أحسسنت
ADDRESS (number and	street) 24	S 4	_			
Check if differ than previous reported. (AC	y .A.	nor 15	9	السلا	NJ 07	(0,2;-
2. FEC IDENTIFICA	TION NUMBER "	v cm	(A	s	TATE	ZIP CODE A
c <i>e</i> 023	12.1.7		THIS EPORT	NEW (N) OR	AMENDE (A)	ם
4. TYPE OF REP (Choose One)	R	BPOST €=== BPOST €====	20 (M2)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8	Facility (Non-Election Year Only)
(a) Quarterly Repo	orts:	Parent	E-di	Jul 20 (M7)	Ozri 20 (M1)	(Non-Election Year Only)
	Report (Q1) (c)	12-Day	Primary (12		Sheet .	Runaff (12R)
group	Report (Q2)	PRE-Election Report for the:	Convention	(12C) [Special (125)	
January S		Election	THE PARTY.	Breal . I	hellender Berkreitend	in the positioned in the State of E
July 31 M	on-election	30-Day POST-Election	General (30	G)	Runoff (30R)	Special (30S)
Termination (TER)	na Report	Report for the:	on ·			in the State of Landburn
5. Covering Period	64 b	11 2013	through	<i>D.</i> 6	13.11 2.2	12
I certify that I have exa			my knowledge and	belief it is true	, correct and comp	lete.
Type or Print Name of Signature of Treasurer		UED C	,) Da	to 67 7	2 2012
NOTE: Submission of fa	lse, erroneous, or ir	complete information	may subject the pe	son signing this	s Report to the pena	tiles of 2 U.S.C. \$437g.
Office Use					FE	C FORM 3X Rev. 12/2004

	SUMMARY PAGE	
ΛE	DECEIPTS AND DISRUPSEMENT	c

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name 3,1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period...... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 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 É Street, NW

Washington, DC 20463

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

DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

10/13/15012

	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)	and the state of t	
	(ii) Unitemized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees		
	(c) Other Political Committees	CHANGE SOLE IN THE STREET, STR	
	(such as PACs)		
	(d) Total Contributions (add Lirres	A LICENSE AND A	
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶		
12.	Transfers From Affiliated/Other	kanandarini karandarini kanandarini karandarini karandarini karandarini karandarini karandarini karandarini ka	
	Party Committees		
	-		
13.	All Loans Received		
	Loan Bangumenta Baggiyad		
	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	The reference of the same of t	Annual mark mark mark mark mark mark mark mark
46	(Carry Totals to Line 37, page 5)		
10.	Refunds of Contributions Made		
	to Federal Candidates and Other		
4-7	Political Committees		and the state of t
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
۱۵.	Transfers from Non-Federal and Levin Funds		
	• •		
	(from Schedule H3)	and the second s	
	(b) Levin Funds (from Schedule H5)	ter extremited the three board than the colour three boards	
		Confidential and southern form form from form form formal	
	(c) Total Transfers (add 18(a) and 18(b))		
		time and the cut the cast the contract of the authorized the cast of a cast account.	de analitar administrativa de la calitar administrativa de la calitar de la calitar de la calitar de la calitar
9.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶		Leaven φ
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	M	
	Toursiant File tolet inout File 191		II

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II Dichuraemente	COLUMN A	COLUMN B
	II. Disbursements	Total This Period	Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)	Energic remainments and anter a construct and anter demonstrates and	
	(i) Federal Share	20 00 00 00 00 00 00 00 00 00 00 00 00 0	
	· ·		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	and the first the same and the	
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	Andrew Control of the	
22.	Transfers to Affiliated/Other Party	Logistic Marie Control of the Contro	
23	Contributions to		
20.	Federal Candidates/Committees		
	and Other Political Committees	Landandhadanda Arabadadhadad	
	Independent Expenditures		
25	(use Schedule E) Ceordinated Party Expenditures		
	(2 U.S.C. §441a(d))		
	(use Schedule F)		
26.	Loan Repayments Made	the state of the s	
27. 28	Loans Made Refunds of Contributions To:		
	(a) Individuals/Persons Other		
	Than Political Committees		Literatural and the state of th
	4. 5. 5. 4. 5. 4. 6. 4. 11. 4.		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	and the state of t	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	(444 21100 20(4), (3), 414 (5), 1111111		
29.	Other Disbursements		
		Landan in Barta de Barta de la Company	Lake 1 - Mr. dan 2 - 42 - 4 - 4 - 4 - 4 - 4
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	Committee of the first factor for the foreign of the first factor for the factor	
	(i) Federal Share		
	•		
	(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))▶		
		the control of the co	
31.	Total Disbursements (add Lines 21(c), 22,	po-2	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	$\mathcal{C}\mathcal{D}$	\mathcal{O}
		Commentation of the contract o	Carried bearing the and Demonstrate and Consider and Consider and American Street
32.	Total Federal Disbursements	(/
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		
		•	(

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111	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)	manustra se	
34.	Total Contribution Refunds	Some Abstract Lang of Libert Mars and mental Lang of the safety and State of Language of Property State of the Conference of the Conferen	The second secon
	(from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		and the state of t
36.	Total Federal Operating Expenditures		
	(add Line 21(a)(i) and Line 21(b))▶		
37 .	Offsets to Operating Expenditures	and the street of the section of the	
	(from Line 15, page 3)		
38.	Net Operating Expenditures	handle mademanthes of a self-confine anthomospherical	
	(subtract Line 37 from Line 36)	Andreit A.	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 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 oursoses, 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 Receipt Mailing Address Zip Code City State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) ▼ Full Name (Last, First, Middle Initial) В. **Date of Receipt** Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this lim number only).....

SCHEDULE B (FEC Form 3X)

	FOR LINE I			PAGE	OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	123 🗀	24 🗀	25 г	— _{] 26}
	Detailed Summary Page	27	28a	28b	28c	29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or use	d by any perso	n for the pur	pose of so	liciting co	ntributio	ons
NAME OF COMMITTEE (lit Full)	- una gomess of any ponica	Journment 10.	JUNEAU COUNTRY	1Q1 6100mm	event1.EQ	**************************************	
NS Citizon	Action	PAC					
Full Name (Last, First, Middle Initial) A.			Date of Dis	sbursemen	t		
			70 TO	soursemen		47 77	7
Mailing Address			a restance			· Compression	
City	tate Zip Code						
Purpose of Disbursement		hweeteler in 10 to remain	Amount of	Each Disb	ursement	this Pe	eriod
Candidate Name		Category/ Type	west confirm	a Baran Ba ran Aba	e e e e e e e e e e e e e e e e e e e		
Office Sought: House Disbursem	ent For:	.,,,,,	1) graf procesylleno e	<i>4</i>	e ord. Takenper Sugar	n Company	ant Sarry will
	Primary General Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) B.			Date of Dis	sbursemen	t		
Mailing Address			M*W /		/ []		3
City	tate Zip Code						
Purpose of Disbursement		Same Manager of Section 18					
·			Amount of				
Candidate Name		Category/ Type					
Office Sought: House Disbursem			`				
	Primary General Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Bell: 17	a.b			
C.			Date of Di	spursemen	, h <u>~6</u> ∞mmoo	a lman ter:	page page page page page page page page
Mailing Address			w * M] /	u * D	, , , , ,	- y o''	
City	tate Zip Code			<u> </u>			
Purpose of Disbursement	100		Amount of	Fach Nich	IIIcoma	thic D-	arind
Candidate Name		Category/ Type		angarangan ga		- Carris	
Office Sought: House Disbursem	ent For:	.,,,,,	beer Leader	Allen Arrila	an Marakana	A 11.	
	Primary ☐ General Other (specify) ▼						
State: District:	· · · ·		•				
SUBTOTAL of Disbursements This Page (optional)		>			-22	2-42	
TOTAL This Period (last page this line number only).		······ Þ		-3355-			

CHEDULE C (FEC Form	3X)		
OANS	•	Use separate schedule(s)	PAGE OF
		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	Zan Ac	tron PAC	
LOAN SOURCE Full Name (Last,	First, Middle Initial)	E	ection:
1	18_		Primary
<u>~</u>	/ P		General
Mailing Address	,	_	Other (specify)
City	State ZIP	Code	
Original Amount of Loan	Cumulative Payment		Outstanding at Close of This Period
TERMS Date Incurred	Date D	Due Interest Rate	Secured:
REAL / DED / VEVE			
List All Endorsers or Guarantors	(if any) to Loan Source		
Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle In	itial)	Outstanding:	
Mallion Address		0	
Mailing Address		Occupation	
		Amount	refrantisculturation de la constitución de la const
City	State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	may the constitue and the constitue and the constitue and
		Secretary and the second and the sec	the continues of the co
SUBTOTALS This Period This Page	optional)		
FOTALS This Period (last page in this	s line only)	> [
Carry outstanding balance only to LI	NE 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

rederal Election Commission, Washington, D.C. 20463	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUME
N) Citizon A	totion PAC c0023121
LENDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)
Full Name	%
Mailing Address	Date Incurred or Established
City State Zip Code	Date Due
A. Has loan been restructured? No Yes	If yes, date originally incurred
B. If line of credit,	Total Cutotanding
Amount of this Draw:	Ralance:
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors must	st be reported on Schedule C.)
D. Are any of the following pledged as collateral for the loproparty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,
No Yes If yes, specify:	
	Does the lender have a perfected section interest in it? No Yes
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	
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:
MTM / DOO / VOYSYEY	City, State, Zip:
	s pledged for this loan, or if the amount pledged does not equal or exce was made and the basis on which it assures repayment.
G. COMMITTEE TREASURER	DATE
Typed Name Signature	
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 ter	rms of the loan and other information regarding the extension of the loa
are accurate as stated above. II. The loan was made on terms and conditions (including similar extensions of credit to other borrowers of	cluding interest rate) no more favorable at the time than those imposed comparable credit worthiness.
	a loan must be made on a basis which assures repayment, and has
AUTHORIZED REPRESENTATIVE	DATE
Typed Name	Many / Bonol / France
Signature Title	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER:

(check only one) 9 **Excluding Loans** numbered line) 10 NAME OF COMMITTEE (In Full) A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address Zip Code City State Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period **Amount Incurred This Period** Payment This Period B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Mailing Address** Zip Code City State Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Amount Incurred This Period Payment 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDU	LE	E (I	FEC	Form	3X)
ITEMIZED	INDE	PEN	DENT	EXPE	NDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
\$ ND Citizen Action PAC	000,23,1217
Check if 24-hour report 48-hour report New report Amends report filed on	(TO) (VEYEY17
Full Name (Last, First, Middle Initial) of Payee	ate
Mailing Address	
City State Zip Code	mount
Purpose of Expenditure Category/ Type Office S	Ho
Name of Federal Candidate Supported or Opposed by Expenditure: Check C	President
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	ale
Mailing Address	mount
City State Zip Code	nan ayan magasan nagaman ayan sayaman ga masayan magaman ga masayan magaman ayan magaman ayan magaman ayan mag mana dhaman ahan madaman ahan ara dhaman
Purpose of Expenditure Category/ Type Office S	Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure: Check (President One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	P
(b) SUBTOTAL of Unitemized Independent Expenditures	our francisco de Camerio es en farente francisco de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya del la companya de
(c) TOTAL Independent Expenditures	
Under penalty of perjury! pertify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Signature Date	, <u> </u>

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

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

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

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF (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) 776n Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Meiling Address If YEB, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee 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 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/ 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

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)				
N) Citizon Action PAC				
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				
If the committee is spending more than 50% federal funds, indicate ratio below				
Federal%				
Nonfederal%				
This ratio applies to (check all that apply):				
Administrative Generic Voter Drive Public Communications Referencing Party Only				

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full) N) Cityzon Action PAC							
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT						
Methods of allocation:							
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of						
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proponion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfaderal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.							
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	%	Constitution of the consti					
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	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	<u> </u>					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	manufaction discussion of the second	%					

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR

_	SPERS FROM NONFEDERAL ACCOUNTS FOR	PAGE OF
LLOC	CATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME C	OF COMMITTEE (In Full) N) Citran Action	~ PA-C
NAM	E OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	N/A IIII	
BRE	AKDOWN OF TRANSFER RECEIVED	tanameterma chammeterma and socias from the sanding confinement becoming or a si
i)	Total Administrative	
	Generic Voter Drive	Commission of the second secon
"'	Generic Voter Drive	
iii)	Exempt Activities	
iv)	Direct Fundraising (List Activity or Event Identifier)	
	Commentered and the control of the c	
	a)	THE STATE OF THE S
	b)	
	Bearing the constitution of A transformer of the constitution of t	Secure of the second secure of the second secure of the second se
l	c) Total Amount Transferred For Direct Fundraising	
(v)	Direct Candidate Support (List Activity or Event Identifier)	
	a)	
1	The control of the co	
	b)	
-	c) Total Amount Transferred For Direct Candidate Support	
	c) Total Allount Transferred For Direct Candidate Support	European Marian Mari Marian Marian
vi)	Public Communications Referring Only to Party (Made by PAC)	and the second
	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	ED .
TOTAL	. This Period (Administrative)	
	Acceptance Commission of the C	
TOTAL	This Period (Generic Voter Drive)	
TOTAL	. This Period (Exempt Activities)	
IOIAL	Paragraphia	
TOTAL	This Period (Direct Fundraising)	A
		dana dana dana dana dana dana dana dana
TOTAL	. This Period (Direct Candidate Support)	
TOTAL	. This Period (Public Communications Referring Only to Party)	
	· · · · · · · · · · · · · · · · · · ·	
TOTAL	. This Period (Total Amount Transferred)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
lean in	- 04 - 05	EOD14	

N/	ME OF COMMITTEE (In Full)		POH LINE 21a OF FORM 3X
	NJ Citizen	Action	nPAC
A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Cotocom /	
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
— В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	The state of the s		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
	- upose of Dispursonicit.	The state of the s	
	Activity or Event Identifier:	lossiteratural	
	1	Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	the state of the s	Manage estates	
C.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address	·	Administrative Fundraising Exempt
	Manify Addiese		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
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	Activity or Event Identifier:	Cotogony	WIMI, BEEGN, EVEYEVIV
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		A mrtžista ila mikan a	The state of the s
		::::::::::::::::::::::::::::::::::::::	
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL		= TOTAL AMOUNT
	to the second se	<u> </u>	
T	TAL This Period (last page for each line only)(Federal share to 21(a)(i) and	NonFederal sh	are to 21(a)(ii))
.,	FEDERAL SHARE NONFEDERAL		TOTAL AMOUNT
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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 O	PAGE OF FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full) NJ (itizen)	Action PAC
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
i) Votos Dociotection	OTER REGISTRATION
Total Amount Transferred for Voter Registration	Special Control of the Control of th
ii) Voter ID Total Amount Transferred for Voter ID	Control of the Same Same Same Same Same Same Same Sam
iii) GOTV Total Amount Transferred for GOTV	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	OTER REGISTRATION
i) Voter Registration Total Amount Transferred for Voter Registration	The continuous descended district of the continuous descended and the continuous descended as the continuous desce
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID
iii) GOTV Total Amount Transferred for GOTV	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BREAKDOWN OF TRANSFER	RECEIVED (Last Page Only)
TOTAL This Period (Voter Registration)	g canal grantening mentally, mental grantening m
TOTAL This Period (Voter ID)	Commentered Commen
TOTAL This Period (GOTV)	Samuellana allamatikaan olematikaan olematikaan olematikaan olematikaan landallana landalla
TOTAL This Period (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

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

PAGE	OF	
EOD LINE	202 OF FORM	~

NAME OF COMMITTEE (In Full) NS Citizen Action PAC				
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
N/A-	Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement Category/	Date D / VEV			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
B. Pull Name (Last, Pirst, Middle Initial) / Pull Organization Name	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code	Considerant Considerant Institute In			
Purpose of Disbursement Category/ Type	Date Date			
FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT			
O. F. II Name (I and First Middle Initial) (F. II Omerication Name	Type of Allocated Activity or Event:			
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter ID GOTV Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code	- Language			
Burness of Dishursoment	W.H. / D.D. / V.V.V.V			
Category/ Type	Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
TOTAL This Paried (feet area for each line on h)/(Today) shows to (COV)) and having shows to	20(4)(3)			
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 SHARE				
TOTAL This Period for the Levin Share	ancary P P P P P P			

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)	itizon Action	PAC
NAM	E OF ACCOUNT	/A	
	· · · · · · · · · · · · · · · · · · ·	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized	Security county provide the county of the co	Sources Selection of Engineers Section Selection and Section Selection Selection Selection Selection and Selection S
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		รากการเรียกคระ (ก.พ. การใช้เกลากรีการการที่สามารถใช้เกลากระจัดเกลากรีสามารถกรีสามารถกรีสามารถ (การการการการกา
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	Commission of Co	
	(b) Voter ID	The state of the s	eneral learned constitution of boundaries I be confined with a selection of the confined and the confined an
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	Annual State of the State of S	ence and the second record of these and consensations in 170, and demand in second little and demand
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)	Consequences of the second	
9.	SUBTOTAL(Add Lines 7 and 8)		and the second s
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s) for each category of the

PAGE

OF

TIEMIZED RECEIPTS OF LEVIN FUND		gregation Page	(check only one) 1a 2
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	s may not be so nd address of ar	old or used by any person political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) N) (it) Zo~	Act	Ton PA	
Full Name (Last, First, Middle Initial) / Full Organization A. Mailing Address	Name		Date of Receipt
City Name of Employer or Principal Place of Business	State	Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Occupation Full Name (Last First Middle Initial) / Full Organization	Name		Pote of Possist
Full Name (Last, First, Middle Initial) / Full Organization B. Mailing Address	, realit		Date of Receipt
City Name of Employer or Principal Place of Business	State	Zip Code	Amount of Each Receipt this Period
Occupation			Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization C. Mailing Address	Name		Date of Receipt
City Name of Employer or Principal Place of Business	State	Zip Code	Amount of Each Receipt this Period
Occupation			Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization D.	n Name		Date of Receipt
Mailing Address City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
SUBTOTAL of Receipts This Page (optional)		<u> </u>	
TOTAL This Period (last page this line number only)	•••••	>	

SCHEDULE L-B (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMB	ER:	PAG	<u>E</u>	OF
FOR LINE NUMB (check only one)	\Box			
	ш	4a	4c	5
	Ш	4b	4d	

OF LEVIN FUNDS		for each category of the Aggregation Page	(check only one) 4a 4c 5
Any information co or for commercial.	ppied from such Reports and Statements may nourposes, other than using the name and addr	not be sold or used by any person ess_of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	MMITTEE (In Full) N) Citizen		PAC
Full Name (Las	st, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·		The second secon
City	State	Zip Code	Amount of Each Disbursement this Period
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Full Name (Las	t, First, Middle Initial) / Full Organization Name		Date of Disbursement
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City	State	Zip Code	Amount of Each Disbursement this Period
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Mailing Address	s		
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Dis	bursement		
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-•			ACA , DED , PARA PARA
Mailing Addres	s		
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Dis	bursement		
Full Name (Las	st, First, Middle Initial) / Full Organization Name	1	Date of Disbursement
_			Date of Disbursement
Mailing Addres	s		
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Dis	bursement		
SUBTOTAL of D	isbursements This Page (optional)	····	
TOTAL This Peri	od (last page this line number only)		



Bank of America

Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118 Page 1 of 2 Statement Period 04/01/12 through 04/30/12 E00 P PA 0A 47 Enclosures 0

Business Banking

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De an dit Accounts

Business Economy Checking

N J CITIZEN ACTION POLITICAL

Your Account at a Glance

Number of Deposits/Credits 0 Number of Withdrawals/Debits 0	Statement Beginning Balance Amount of Deposits/Credits Amount of Withdrawals/Debits Statement Ending Balance	\$3,148.59 \$0.00 \$0.00 \$3,148.59
Number of Deposited Items 0 Number of Days in Cycle 30	Average Ledger Balance Service Charge	\$3,148.59 \$0.00

Daily Ledger Balances

Date Balance (\$) 04/01 , 3,148.59

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Bank of America

Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

Page 1 of 2 Statement Period 05/01/12 through 05/31/12 E00 P PA 0 A 47 Enclosures 0

Business Banking

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Business Economy Checking

N J CITIZEN ACTION POLITICAL

Your Account at a Glance

	Section 3 Section	Statement Beginning Balance	\$3,148.59
statement Period 05/01/12 thro	ough 05/31/12	Amount of Deposits/Credits	\$0.00
Number of Deposits/Credits	0 0	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	\$3,148.59
Number of Deposited Items	0		Service of the servic
	供收货物 经自动证券 医皮肤炎	Average Ledger Balance	\$3,148.59
Number of Days in Cycle	31	Service Charge	\$0.00

Date	Balance	(\$)
05/01	 3,148	.59

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Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118 Page 1 of 2 Statement Period 06/01/12 through 06/30/12 E00 P PA 0A 47 Enclosures 0

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Deposit Accounts

Business Economy Checking

N J CITIZEN ACTION POLITICAL

Your Account at a Glance

Statement Period 06/01/12 through	 L 06/20/10	Statement Beginning Balance	\$3,148.59		
	n 06/30/12	Amount of Deposits/Credits	\$0.00		
Number of Deposits/Credits	0	Amount of Withdrawals/Debits	\$0.00		
Number of Withdrawals/Debits	0	Statement Ending Balance	\$3,148.59		
Number of Deposited Items	0	•			
•	•	Average Ledger Balance	\$3,148.59		
Number of Days in Cycle	30	Service Charge	\$0.00		
• •		•	•		

Daily Ledger Balances

Date	Balance (\$)
06/01	3,148.59

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(3/2005)

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** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked / **USPS Express Mail** 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