

Maleika Mosley-Buccini <hostagegate@yahoo.com>

02/22/2016 03:16 PM Please respond to Maleika Mosley-Buccini <hostagegate@yahoo.com> To Fec Info <info@fec.gov>, "pubrec@fec.gov" <pubrec@fec.gov>,

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bcc

Subject FEC FORM 3X Termination Report for FEC ID # C00578229

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1 attachment

FEC Termination Report.pdf

POF

22 February 2016

FEC:

Regards.

Attached please find my FEC FORM 3X Termination Report for JUSTICE 4 KAROLINA INITIATIVE, FEC Identification Number C00578229.

Still, this communication represents my legal and just effort to bring resolution to my now 40 years long post-Civil Rights Movement Sociopolitical Hostage Crisis. Around June/July 1975, I was taken into captivity by a group of Black American Clergy Couples and others after being involved in a Violent Home Invasion on the island of Bermuda and after being victimized by a very brutal Bioterrorism Attack, which grossly altered my physical appearance changing it from 100% Caucasian/White to appear as that of an African Black person. I was a high-ranking US Government Authority/UN Representative at the time that I was taken Hostage. Further, I was also the Billionaire Heiress/Business Owner related to the family lineage of J.D., Sr. and Laura (Spelman) Rockefeller as

well as the family lineage of Joseph, Sr. and Rose (Fitzgerald) Kennedy, parents of 35 US President John F. Kennedy. In fact, I had just begun the return back to my true and legal family lineage when taken hostage. This initial attempt to sustain a political organization through the 2016 Presidential Campaign Season is to circumvent further damage being perpetuated by various candidates and/or current US/State Government Authorities engaged in Aggravated Identity Theft and Fraud using one or more "means of identification" directly linked to my legal/original identity and my legal and true identity. To continue their crime sprees, such persons have even tried to resort to pimping and/or raping their victim and have caused a lot of emotional distress and contributed to fraud activity by several other persons who are also not at all linked to my legal/original identity or my legal and true identity.

Overall, the nature of my Hostage-Taking and Disfigurement is worthy of a Presidential-level/Senate-level Commission pertaining to security and safety concerns that US/State Government Authorities as well as many Corporate Executives are often subjected as job hazards. Due to the constraints of my Hostage Crisis, please accept this filing via email transmission. Your assistance with this matter is greatly appreciated.

Regards again.

Respectfully Submitted,

"Maleika S. Mosley"

"First words heard when I awoke from drug-induced coma after Brain Surgery, 'Soyini Buccini is dead. She's a Black b--ch now. Parnell Mosley said she's his Maleika Soyini Mosley.' At once, I was a victim of a violent Hostage-Taking and a brutal Bioterrorism Attack." ~ Email Testimony of Hostage Victim M. S. Mosley (BUCCINI/FERRARA)

FEC FORM 3X	AND	ORT OF R DISBURS er Than An Author	EMENT	s		Office Use Only	٦
1. NAME OF COMMITTEE (in f		R PRINT V	Example: If typi over the lines.	ng, type	12FE4M		
1J.11.5.T.1.C.E.	HI KAR				!!	_ <u>}_</u>	
ADDRESS (number and	street) 313E	SIUL BUBUL	ITMK IGI	<u>LIRIGLIG</u>	SW		
Check if diffe than previous reported. (AC	lv .	$-A_1 M_1 T_1 A_1 \dots$			GA E	3193111-	29.08
2. FEC IDENTIFICA	TION NUMBER		`	S		ZIP CO	
C@Ø57	8229	3. IS T REP		NEW (N) OR	AM (A)	ENDED	
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M	Report (Q1) Report (Q2) S Report (Q3) Report (YE) IId-Year Ion-election (d) (MY)	PRE-Election Report for the: Election o	(M3) (M4) (M4) (M4) (M4) (M4) (M4) (M4) (M4		Sep :	2S) in the State o	Special (30S)
5. Covering Period 01 01 2015 through 02 04 2016 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Maleika S. Mosley							
Signature of Treasurer	Mælei	llaMode	·J	Da		· ()	2.0.1.6
NOTE: Submission of fa	ise, erroneous, or in	complete information m	ay subject the per	son signing this	Report to the	FEC FOR Rev. 12/20	м зх

FE7AN014

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
۷	Vrite or Type Committee Name JUSTICE, 4 KAK	ALTALA THETTATION	5
F		7 OI 2015, TR	»: 02, 10.41 2016.
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2-0 (6		, , 000
	(b) Cash on Hand at Beginning of Reporting Period	000.	
	(c) Total Receipts (from Line 19)	, , 000	, 0.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	·	0.001
7.	Total Disbursements (from Line 31)		0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.001	0.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.06	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

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

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FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name	<u> </u>	
JUSTICE 4 KA	POLINA INITIATIVE	
Report Covering the Period: From:	071 01 2015	021 [04] 12016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: Individuals/Persons Other Than Political Committees Itemized (use Schedule A)		
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	0.0.0,	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	0.001	0.0.0

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DETAILED SUMMARY PAGE

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Page 4

of Disbursements

FEC Form 3X (Rev. 02/2003)

	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)	0.00	
	(i) Federal Share	000	<u> </u>
	(ii) Non-Federal Share	0.00	0-00
	(b) Other Federal Operating		
	Expenditures	0.00	0.0-0.0
	 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 		
22	Transfers to Affiliated/Other Party		
	Committees		0.0
23.	Contributions to Federal Candidates/Committees		
• •	and Other Political Committees		<u> </u>
	Independent Expenditures	0.00	0.00
25 .	Coordinated Party Expenditures		
	(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.0.0	0.0.0
		0.00	0.00
26.	Loan Repayments Made	a a the a the a deside	Ling and a strange
27.	Loans Made	0.0.0	0_0_0
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.0.0	- 0.0.0
	(b) Political Party Committees	\circ	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.0.0
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	<u> </u>	a a data a ant a Constant
29.	Other Disbursements	0.0	0.00
20	Endered Election Activity (52,11,5,0, 6,20101/0	2))	
30.	Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity))	
	(from Schedule H6)		
	(i) Federal Share	<u>0.0.</u>	Le con a con a con O do
	(ii) "Levin" Share	0_0_D	
	(b) Federal Election Activity Paid Entirely		<u> </u>
	With Federal Funds	.0.0.0	0.0.0
	(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))	0.0.0	
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.0.0	0.0.0

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	- FEC Form 3X (Rev. 02/2003)	DETAILED SUMMARY PAGE of Disbursements	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)		0.00
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6.0.0	0.0.D
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.0.0	0.D.D
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0-0.0	0-D.D
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	G.O.O.	, <u>0.0.0</u>

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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)		
-		Detailed Summary Page				
^	y information copied from such Reports and Sta	temente mr	av not be sold or used by any or	13 14 15 16 17		
	for commercial purposes, other than using the					
\langle	NAME OF COMMITTEE (In Full)		······································			
$\langle \rangle$	JUSTICE 4 KAROLIA	VA IN	JIT/ATIVE			
<u> </u>	Full Name (Last, First, Middle Initial)			······································		
Α.				Date of Receipt		
	Mailing Address			MAN TO DI VINY		
	City	State	Zip Code	- L - b-st - l - many and ad		
				Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	• • • • • • • •			
	Name of Employer	Occupation				
	Receipt For:	Aggregate	Year-to-Date V	7 /		
	Primary General	•				
	Other (specify) ▼		s »· •,•			
	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	'с	. /			
	federal political committee.	•		a state and the second s		
	Name of Employer	Occupation				
	Receipt For:	Aggregate	Year-to-Date ▼	-		
	Primary General					
	Other (specify)		$\mathbf{y}_{\mathbf{x}} = -\mathbf{F}^{\mathbf{x}} + \mathbf{x}^{\mathbf{x}}$			
_	Full Name (Last, First, Middle Initial)	1				
C.	Mailing Address	/	<u> </u>	Date of Receipt		
	City	State	Zip Code			
	/	<u> </u>	······································	Amount of Each Receipt this Period		
	FEC ID number of contributing / federal political committee.	'C,	· · ·			
	Name of Employer	Occupation	········			
Primary General		Year-to-Date V	-1			
	Other (specify)	i	المصبافية والأفر فالفر			
Γ						
Ľ	UBTOTAL of Receipts This Page (optional)		••••••••••••••••••••••••••••••••••••••	<u> </u>		
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE B (FEC Form 3X)	[·····		IUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 29 $30b$
Any information copied from such Reports and State	ments may not be sold or used			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Full Name (Last, First, Middle Initiat)	CUINA INITI	ATTVE		
A.			Date of Disbursem	ent
			ូធ្លឹង លើៗ / 10 ៥០	1 / TV - STATE FY .
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each D	sbursement this Period
Candidate Name		Category/		
Office Sought: House Disburse	ament For:	Турө	· · · ·	
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursem	ent
			ы п+/.#п+р	
Mailing Address			· • • • •	• • • • •
City	State Zip Code			
Purpose of Disbursement			-	
A			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		
	ament For:			
President	Offmary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)		ř		
с.			Date of Disbursem	
Mailing Address	· · · · · · · · · · · · · · · · · · ·		Here a branch have	- management
City	State Zip Code			<u> </u>
Purpose of Disbursement		··· 1		
Candidate Name	lidate Name		Amount of Each D	isbursement this Period
Candidate Ivane		Category/ Type		
Office Sought: House Disburse	ement For:	.,,,	t eene 5€a ete	a strate a tota i
Senate	Primary General			
State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional).	<u> </u>	I		
				<u> </u>
TOTAL This Period (last page this line number only	J	······ •	میک با (دیا ا <mark>می مطلق اما</mark> ا	Jun 2 - Same United

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FEC Schedule B (Form 3X) Rev. 02/2003

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SCHEDULE C (FEC Form 3X)

OANS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	<u> </u>	
JUSTICE Y FAROLINA INI	TIATIVE	
LOAN SOURCE Full Name (Last, First, Middle Initial)		lecilon: Primary General
Mailing Address		Other (specify)
City State ZIP Co	ode	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
TERMS Date Incurred Date Due		Secured:
List All Endorsers or Guarantors (if any) to Loan Source		/
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	,
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount , , Guaranteed ' Outstanding: ,	
3. Full Name (Last, First, Middle Initial)	Name of Employer	**************************************
Mailing Address	Occupation	
City State ZIP Code	Amount - Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed f Outstanding:	
SUBTOTALS This Period This Page (optional)	······	<u></u>
TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If	· · · · · · · · · · · · · · · · · · ·	d to appropriate line of Summary

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LEI	NDING INSTITUTIONS	Supplementary for Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (IN FUIL) TUSTICE 4 KA ROLINA	NITIATIVE	FEC IDENTIFICATION NUMBER $[C] \varphi, \varphi, 5, 7, 8, 2, 2, 9]$
LENDING INSTITUTION (LENDER) Full Name Mailing Address	Amount of Loan	Interest Rate (APR)
Mailing Address O NU+ O City State Zip Code	Date Incurred or Established	$ \begin{array}{c} $
A. Has loan been restructured? [No] Yes B. If line of credit, Amount of this Draw:	If yes, date originally incurred Total Outstanding Balance:	
 C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mu: D. Are any of the following pledged as collateral for the loproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: 	st be reported on Schedule C.) oan: real estate, personal deposit, chattel papers, similar traditional collateral?	hat is the value of this collateral?
 Are any future contributions or future receipts of interescollateral for the loan? [_] No [_] Yes If yes, space of the stablished pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). 	st income, pledged as W	terest in it? No Yes
	Address: City, State, Zip:	
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the arr was made and the basis on which	ount pledged does not equal or exceed it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature		
 H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ter are accurate as stated above. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 CF AUTHORIZED REPRESENTATIVE 	cluding interest rate) no more favor comparable credit worthiness. a loan must be made on a basis w	able at the time than those imposed for hich assures repayment, and has this loan.
Typed Name Signature	e	

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SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF	
DEBTS AND OBLIGATIONS	schedule(s)	e	
Excluding Loans	for each numbered line)	(check only one) 9 10	
NAME OF COMMITTEE (In Full)		I	
JUSTICE Y KAROLINA INITIAT	1.4		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	IVE	ebt (Purpose):	
A. Full Name (Last, First, Mildule Initial) of Debior of Cleditor	Nature of D	ebt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period	l:n		
, , , , , , , , , , , , , , , , , , ,	,		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
	1	3 3 -4+	
	/		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of L	ebt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period		······································	
the man and a second of			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
		ا	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period		····.	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Perio	
		· · · · · · ·	
a final second	and the second second	n 19 maile mar 9 mar mar Maria	
	P-1-1		
1) SUBTOTALS This Period This Page (optional)	···· • · · · · · · · · · · · · · · · ·	, , , , , , , , 0.00	
2) TOTALS This Period (last page this line number only)		000	
		العد :	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	🕨 🔥 🚛 e	- el	
A) ADD 2) and 3) and carry forward to appropriate line of Summery Bass (last page of		600	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	-⊪y)≓ kiiasias		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITORES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
JUSTICE 4 KAFOLINA INITIATIVE	C ØØ 5.7.8 2-2-9
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
Full Name of Payee Mailing Address City	
	Le de l'adore de la sander Se de Sander
Purpose of Expenditure	
Category/ Type	L. I Law Lawrence
Name of Federal Candidate	Sought: House District:
Oppose D	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	[] Other (specify) ►
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 Cardidate	e Sought:
	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Lundender () and a distant of the start	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	Ú DO
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Г ^м	╹ ╜┓╎ ╹ ┅┲┉┙╷ ╹ ┉
Signature Date	

FEC Schedule E (Form 3X) Rev. 09/2013

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

NAME OF COMMITTEE (In Full) Image: Committee Commi	(To be u	used only by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X
coordinated expenditures by a political party committee? Mailing Address I' YES NO NO I' YES NO NO I' YES name the designating committee: Mailing Address City State Vigoe Purpose of Expenditure Mailing Address Purpose of Expenditure City State Name of Federal Candidate Supported Office Sought: House State: Purpose of Expenditure Amount Aggregate General Election Expenditure for this Candidate Supported City State Vigoe Purpose of Expenditure Mailing Address District: Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Mailing Address City City State City State Full Name (Last, First, Middle Initial) of Each Payee Name of Federal Candidate Supported Office Sought: House State: Aggregate General Election Senate Expenditure for this Candidate P Senate Presidential District: <t< td=""><td></td><td>INA INITIATIVE</td><td>1 1 1</td></t<>		INA INITIATIVE	1 1 1
Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Aggregate General Election Expenditure for this Candidate > Presidential Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Name of Federal Candidate Supported Office Sought: House State: City State Zip Code Rt is / Presidential Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Name of Federal Candidate Supported Office Sought: House State: Amount Name of Federal Candidate Supported Office Sought: House State: Amount Presidential District: Presidential Category/ Type Category/ Type Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Mailing Address Date Date	coordinated expenditures by a political party con	mmittee? Mailing Address	State ZIP Code
Mailing Address Date Type City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Aggregate General Election Expenditure for this Candidate > Amount Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Name of Federal Candidate > State Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Date Amount City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate District: Amount Presidential Senate District: Aggregate General Election Senate District: Aggregate General Election Senate District: Amount Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Date Date Category/	Full Name (Last, First, Middle Initial) of Eact	h Payee	
City State Zip Code Initial ())) () () () () () () () (Mailing Address		Туре
Aggregate General Election Senate District: Aggregate General Election Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Mailing Address Date Mailing Address City State Zip Code Name of Federal Candidate Office Sought: House Presidential State: Aggregate General Election Expenditure for this Candidate Office Sought: House Presidential State: Aggregate General Election Expenditure for this Candidate Office Sought: House Presidential State: Amount Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Category/ Type Mailing Address Date Date Date Category/ Type	City	State Zip Code	
Expenditure for this Candidate Image: State	Name of Federal Candidate Supported Off	Senate District:	Amount
Mailing Address Category/ Type City State City State Name of Federal Candidate Supported Office Sought: House State: Presidential Amount Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Mailing Address Date			
City State Zlp Code Name of Federal Candidate Supported Office Sought: House Senate District: Presidential District: Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Mailing Address Date	· · · · · · · · · · · · · · · · · · ·	h Payee	Category/
Name of Federal Candidate Supported Office Sought: House State: Amount Aggregate General Election Presidential District: Image: Candidate Image: Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Image: Category/Type Mailing Address Date			the second s
Aggregate General Election Senate District:	······		
Expenditure for this Candidate Image: Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Mailing Address Category/ Type	Name of Federal Candidate Supported Off	Senate District:	Amount
Mailing Address Date		and and a second se	
Date		h Рауее	Category/
		State Zip Code	
Name of Federal Candidate Supported Office Sought: House Senate District: Amount	Name of Federal Candidate Supported Off	Senate District:	Amount
Angregate General Election Expenditure for this Candidate			handan bahan ba
SUBTOTAL of Expenditures This Page (optional)	· · · · · · · · · · · · · · · · · · ·		0.00

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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)			
JUSTICE 4 KAROLINA INITIATIVE			
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.			
Nonifederal			
This ratio applies to (check all that apply):			
Administrative Generic Voter Drive Public Communications Referencing Party Only			

SCHEDULE H2 (FEC Form 3X)

AL	LOCATION RATIOS		PAGE OF
NA	ME OF COMMITTEE (In Full)		
R/	JUSTICE 4 KARULINA INITIATIN TIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT		
	TIVITIES APPEARING ON THIS REPORT.		
Me	thods of allocation:		
	 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	od" where the federal prop	portion of
	II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a re are allocated using a time/space method.	t derived by federal candid unications or voter drives t	ates from the ac- hat refer to both
	ACTIVITY OR EVENT IDENTIFIER	X	/
	ACTIVITY IS:	FEDERAL %	NONFEDERAL %
	Fundraising Direct Candidate Support	1%	%
	CHECK IF THE RATIO IS:		
	ACTIVITY OR EVENT IDENTIFIER		
	ACTIVITY IS:	FEDERAL %	NONFEDERAL %
	Fundraising	1 . %	2/0
•	CHECK IF THE RATIO IS:		
	ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
	ACTIVITY IS:	%	10/
	CHECK IF THE RATIO IS:	······································	70
	New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
	ACTIVITY IS:	− _ − = = =	
	Fundraising Direct Candidate Support	· · · · · · · · · · · · · · · · · · ·	1%
	New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
	ACTIVITY IS:		
	Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	1%
	New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
	ACTIVITY IS:	province of the second se	ا ا در از مدرجم ممرجم
	' Fundralsing () Direct Candidate Support CHECK IF THE RATIO IS:	1	1%
	New Revised Same as Previously Reported		

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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL	ACCOUNTS FOR	PAGE OF
ALLOCATED FEDERAL / NONFED	ERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		
TICTIVE 4 K	APOLINA INITIATI	IF-
		and the second sec
		الاست مع من الاست الم
BREAKDOWN OF TRANSFER RECEIVED		1 - The stand of the stand
i) Total Administrative	120 -	m to a second second second second
ii) Generic Voter Drive	ps/10pm	
.n th	opp	A server of the server and the server of
iii) Exempt Activities		- And A - And the I
Iv) Direct Fundraising (List Activity or Eve	nt Identifier)	
	· · · · · · · · ·	
a)	in the second sec	
b)		
		e e e conserve e este e
c) Total Amount Transferred For Direct	Fundraising	un transformer a de la deserverte de la
v) Direct Candidate Support (List Activity	or Event Identifier)	
a)	_	4
~	- I wond to I and the second second second	
b)		2 - 1
		n an
c) lotal Amount Transferred For Direct	Candidale Support	الي مركب بر 19 من الاست. الا در مرجب في مد اليات المحية المالية من ال
vi) Public Communications Referring On	ly to Party (Made by PAC)	
TOTA	LS FOR BREAKDOWN OF TRANSFER REC	EIVED
	1 . v .	2 - 3 - 4 - 4 - 4 - 1
TOTAL This Period (Administrative)	a set a star star star	An Instruction and
TOTAL This Period (Generic Voter Drive)	·····	
	م المعرية مي مراجع المراجع ا	
TOTAL This Period (Exampl Activities)		الي. المسترك بينه 4 سيخت ما يا 20 ما كانتيا في في
TOTAL This Barley (Direct Friedminist)	Γ	the second s
TOTAL This Period (Direct Fundraising)		المى ئەر يەرىكى بىرى بىرى بىرى يېڭى يەرىكى يەرىكى يەرىكى يەرىكى بىرى بىرى يەرىكى بىرى بىرى يەرىكى بىرى بىرى يە بىرى بىيەت تەرىپىيە تورىپ تورىپ بىرى بىرى بىرى بىرى بىرى بىرى بىرى ب
TOTAL This Period (Direct Candidate Support).		n na ser a
		ومدارك مواسيق الموسمية ديوديعن الدولم وداري الم
TOTAL This Period (Public Communications Re	ferring Only to Party)	and the Property of and and the states
TOTAL This Period (Total Amount Transferred)		and an in the part proventies of the second se
		···· Canady around and Darredounder- IF involutions, and Tour all
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FEC Schedule H3 (Form 3X) Rev. 12/2004

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SC	CHEDULE H4 (FEC Form 3X)	
	SBURSEMENTS FOR ALLOCATED	PAGE OF
NA	JUSTICE 4 KAPOLINA INITIAM	FOR LINE 21a OF FORM 3
Ä.	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
	Mailing Address	Administrative _ Fundraising _ Exempt
	City State Zip Code	Public Comm (ref to party only), by PAC
	Purpose of Disbursement:	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier: Category	ory/ u.u. 10.0.111 v v.v.
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
	· · · · · · · · · · · · · · · · · · ·	
3.	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
	Mailing Address	Uter Drive
	City State Zip Code	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	երություններություններություններություններություններություններություններություններություններություններություննե Արտանություններություններություններություններություններություններություններություններություններություններությու Արտանություններություններություններություններություններություններություններություններություններություններությու
	Activity or Event Identifier:	
	FEDERAL SHARE	
) .	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
	Mailing Address	Administrative [] Fundraising [] Exempt
	City State Zip Code	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier: Category Typ	ory/ 1.61-61 / 1.0 - 0 / 1.7 - 4 - 4
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
		and the source subserves and the
รเ	JBTOTAL of Allocated Federal and NonFederal Activity This Page	
тс	DTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal SHARE NONFEDERAL SHARE	

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FE6AN026

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY PAGE OF (To be used by State, District and Local Party Committees Only) FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) TUSTICE 4 KAPOLINA NITIATIVE NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED $M \rightarrow \tilde{M}$ 10 * -. 6.4 1 1 . BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Jut applicable Total Amount Transferred for Voter Registration OTER ID ii) Voter ID Total Amount Transferred for Voter ID GOTV III) GOTV Total Amount Transferred for GOTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity .. -1 NAME OF ACCOUNT TOTAL AMOUNT TRANSFERRED DATE OF RECEIPT p î p BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION I) Voter Registration Total Amount Transferred for Voter Registration VOTER ID li) Voter ID Total Amount Transferred for Voter ID GOTV III) GOTV Total Amount Transferred for GØTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) TOTAL This Period (Voter Registration) ... TOTAL This Period (Voter ID) TOTAL This Period (GOTV) TOTAL This Period (Generic Campaign Activity).....

SCHEDULE H5 (FEC Form 3X)

FEC Schedule H5 (Form 3X) Rev. 02/2003

FE6AN026

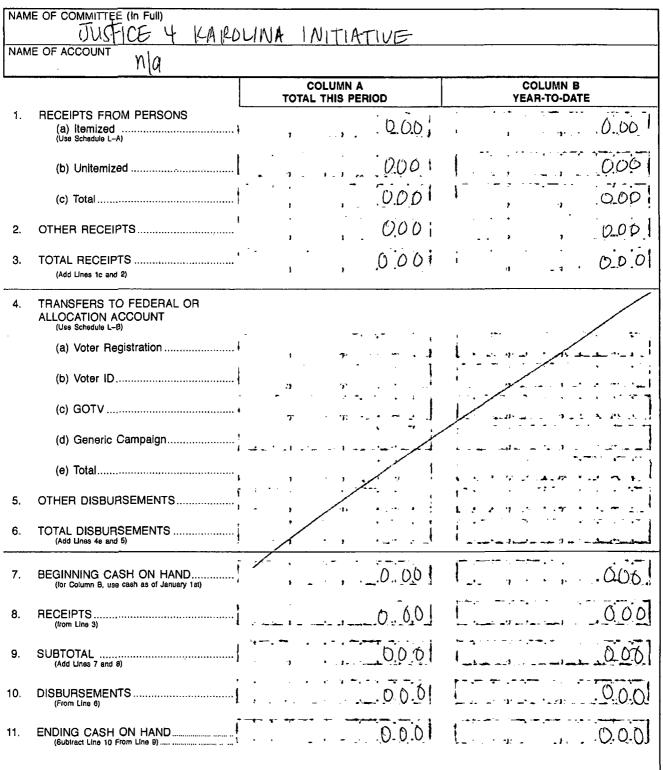
TOTAL This Period (Total Amount of Transfers Received)

OCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS OR ALLOCATED FEDERAL ELECTION ACTIVITY	PAGE OF
To be used by State, District and Local Party Committees Only)	FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (In Full)	L,,,,,,,,,
JUSTICE 4 KAPOLINA INITIATIVI	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	1 marshar in the
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/ Type	Date Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	- <u>h</u>
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
JBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	30(a)(ii)) TOTAL AMOUNT
LEVIN SHARE	L
OTAL This Period for the Levin Share	å

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



S	CHEDULE L-A (FEC Form 3X)		PAGE OF
	EMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one) 1a 2
	y information copied from such Reports and Statements may not the for commercial purposes, other than using the name and address		
\mathbb{N}	NAME OF COMMITTEE (In Full)		
L	JUSTICE 4 KAROLINA IN	TTATIVE	
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address	_	and the second sec
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		1
-	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.			M H + I I + O I I F Y + Y + Y + Y
	Mailing Address		<u> </u>
	City State	Zip Code	Amorint of Each Receipt this Period
	Name of Employer or Principal Place of Business		, , , , , , , , , , , , , , , , , , ,
			Aggregate Year-to-Date
	Occupation		
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
C.			$\mathbf{H} = \mathbf{H} + \mathbf{V} = \mathbf{D} + \mathbf{V} + $
	Malling Address	/	Arrowst of Each Descipt this Design
	City State	Zip Códe	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	Occupation		Aggregate Year-to-Date
D	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
D.			B - M. 1 B - B - 1 A - A - A - A
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Le se production de la construction de la construct
	Occupation		Aggregate Year-to-Date
_			
s	UBTOTAL of Receipts This Page (optional)	►	1
т	OTAL This Period (last page this line number only)	•	.0.0.0

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IT	CHEDULE L-B (FEC Form 3X) EMIZED DISBURSEMENTS F LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4b 4d
	y information copied from such Reports and Statements may n for commercial purposes, other than using the name and addr NAME OF COMMITTEE (in Full)		
\langle	JUSTICE 4 KAROLINA	INITIATIVE	
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	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	7-0-1-0	
	City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
— C.	Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address		Date of Disbursement
	City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
 D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		ии) во / У У У , ј ј ј
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address		Date of Disbursement
	City State	Zip Code	Amount of Each Disbursement this Period
sı	Purpose of Disbursement JBTOTAL of Disbursements This Page (optional), DTAL This Period (last page this line number only)	_	0.00

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Via E-Mail

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.			
Hand Delivered	Date of Receipt		
Postmarked USPS First Class Mail	Date of Receipt		
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USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible	· · ·		
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
N N	ext Business Day Delivery		
Received from House Records & Registration	Date of Receipt Office		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify): E-Mail	Date of Receipt or Postmarked		
PREPARER M (3/2015)	3/22/2016 DATE PREPARED		