FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 OCT 12 A 11:18

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

EMERGENT BIOSOLUTIONS, INC EMPLOYEES PAC

ADDRESS (number and street) ▼ 300 PROFESSIONAL DR

☐ Check if different than previously reported. (ACC)

GAITHERSBURG | MD | 20879-

2. FEC IDENTIFICATION NUMBER ▼ C00380303

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on 09 / 12 / 2006 in the State of MD

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ in the State of ___

5. Covering Period 08 / 24 / 2006 through 09 / 30 / 2006

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 R. Don Elsey

Signature of Treasurer R Don Elsey Date 10 / 11 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

FE6AN026

26039204794

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Emergent BioSolutions, Inc. Employees PAC

Report Covering the Period: From: 08 / 24 / 2006 To: 09 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		1404077
(b) Cash on Hand at Beginning of Reporting Period	1568949	
(c) Total Receipts (from Line 19)	285868	3017539
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1854817	4421616
7. Total Disbursements (from Line 31)	1007674	3574473
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	847143	847143
9. 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)		

26039047985

☐ 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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

Emergent BioSolutions, Inc. Employees PAC

Report Covering the Period: From: 08 / 24 / 2006 To: 09 / 30 / 2006

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)	2813.68	29890.39
(ii) Unitemized	45.00	285.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2858.68	30175.39
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	2858.68	30175.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	2858.68	30175.39

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DETAILED SUMMARY PAGE
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)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	7674	24473
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	7674	24473
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	35500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10,07674	35,744.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	10,07674	35,744.73

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. 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)	285868	3017539
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	285868	3017539
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	7674	29473
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	7674	29473

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FE6AN026

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)
Emergent BioSolutions, Inc. Employees PAC

A.
Full Name (Last, First, Middle Initial): Bloomer, Diane K
Mailing Address: 1129 Cliffdale
City: Haslett State: MI Zip Code: 48840
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 665.00
Date of Receipt: Payroll
Amount of Each Receipt this Period: 105.00

B.
Full Name (Last, First, Middle Initial): McCalla, Beverly
Mailing Address: 4682 Huron Hill Dr.
City: Okemos State: MI Zip Code: 48864
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Director
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 585.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: —

C.
Full Name (Last, First, Middle Initial): Carter, Gillane
Mailing Address: 1225 13th Street, NW #20
City: Washington State: D.C. Zip Code: 20005
FEC ID number of contributing federal political committee: C
Name of Employer: Emergent BioSolutions
Occupation: Director
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 144.00

SUBTOTAL of Receipts This Page (optional) ▶ 249.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE OF

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NAME OF COMMITTEE (In Full): Emergent BioSolutions, Inc Employees PAC

A.
Full Name (Last, First, Middle Initial): Dzluba, John
Mailing Address: 1234 Senna Trail
City: DeWitt State: MI Zip Code: 48820
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 304.00
Date of Receipt: payroll deduction
Amount of Each Receipt this Period: 48.00

B.
Full Name (Last, First, Middle Initial): Enger, Cheryl
Mailing Address: P.O Box 798
City: Grass Lake State: MI Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Sr. Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 570.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 90.00

C.
Full Name (Last, First, Middle Initial): Gill, Sherry Lynn
Mailing Address: 3625 Aragon Drive
City: Lansing State: MI Zip Code: 48906
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Director
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt:
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 213.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Emergent BioSolutions, Inc. Employees PAC

A.
Full Name (Last, First, Middle Initial): Hauk, Jeffrey
Mailing Address: 2675 Lyons Rd
City: Owosso State: MI Zip Code: 48867
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 380.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 60.00

B.
Full Name (Last, First, Middle Initial): Johnson, Renee
Mailing Address: 792 Francisco Rd
City: Sher wood State: MI Zip Code: 49089
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: manager 2
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 554.80
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 87.60

C.
Full Name (Last, First, Middle Initial): Kintner, Barbara
Mailing Address: 336a E Gresham Hwy
City: Charlotte State: MI Zip Code: 48813
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 380.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 207.60

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Emergent BioSolutions, Inc Employees PAC

A.
Full Name (Last, First, Middle Initial): Kramer, Robert
Mailing Address: 6872 Oleander
City: Portage State: MI Zip Code: 49024
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: President
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 3,189.10
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 776.10

B.
Full Name (Last, First, Middle Initial): Long, Craig
Mailing Address: 106 E. Spring Meadows Lane
City: DeWitt State: MI Zip Code: 48820
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 599.45
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 94.65

C.
Full Name (Last, First, Middle Initial): Looney, Kenneth
Mailing Address: 10564 Hart Highway
City: Dimondale State: MI Zip Code: 48821
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Supervisor
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 380.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 930.75

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

26039204802

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Emergent BioSolutions, Inc. Employee PAC

A.
Full Name (Last, First, Middle Initial): Momcilovich, John
Mailing Address: 225 North Force Road
City: Attica State: MI Zip Code: 48412
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Supervisor
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): Ray, Glenn
Mailing Address: 3440 Park Forest Dr.
City: W. Bloomfield State: MI Zip Code: 48324
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 630 ~~475.00~~
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 70.00

C.
Full Name (Last, First, Middle Initial): Root, Kimberly F. Brennen
Mailing Address: 1305 S. Clinton
City: St. Johns State: MI Zip Code: 48879
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Director
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 964.44 ~~630.00~~
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 152.28

SUBTOTAL of Receipts This Page (optional) ▶ 897.28

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

25039204803

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF
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NAME OF COMMITTEE (In Full)
Emergent BioSolutions, Inc Employees PAC.

A.
Full Name (Last, First, Middle Initial): White, Gary
Mailing Address: 4620 Britton Rd
City: Bancroft State: MI Zip Code: 48414
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Shih, Chun
Mailing Address: 825 Crown Blvd
City: E. Lansing State: MI Zip Code: 48823
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Director
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 869.60
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 163.05

C.
Full Name (Last, First, Middle Initial): Shofe, Allen
Mailing Address: 47770 Blockhouse Point Place
City: Sterling State: VA Zip Code: 20165
FEC ID number of contributing federal political committee: C
Name of Employer: Emergent BioSolutions
Occupation: Vice President
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 384.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 288.00

SUBTOTAL of Receipts This Page (optional) ► 451.05

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

26039204804

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE OF
☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

A.
Full Name (Last, First, Middle Initial): Tanner, Michael
Mailing Address: 4620 Britton Rd
City: Bancroft State: MI Zip Code: 48414
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 1,425.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 225.00

B.
Full Name (Last, First, Middle Initial): Willis, David
Mailing Address: 5938 Bois Ile Drive # 2C
City: Haslett State: MI Zip Code: 48840
FEC ID number of contributing federal political committee: C
Name of Employer: BioPort Corporation
Occupation: Director
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 1,520.00
Date of Receipt:
Amount of Each Receipt this Period: 240.00

C.
Full Name (Last, First, Middle Initial): Abdun-Nabi, Dan
Mailing Address: 11505 Dalrun Terrace
City: Potomac State: MD Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: Emergent BioSolutions
Occupation: General Counsel
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 5,000.00
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 4650.00

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

26039204805

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the *Detailed Summary Page*

FOR LINE NUMBER: (check only one) | PAGE OF

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

A.
Full Name (Last, First, Middle Initial): El-Hibri, Fuad
Mailing Address: 13340 Signal Tree Lane
City: Potomac State: MD Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: Emergent BioSolutions
Occupation: CEO
Receipt For: ☐ Primary ☒ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5,000.00
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period: _____ .

B.
Full Name (Last, First, Middle Initial): El-Hibri, Nancy
Mailing Address: 13340 Signal Tree Lane
City: Potomac State: MD Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: Emergent BioSolutions
Occupation: Spouse of CEO
Receipt For: ☐ Primary ☒ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5,000.00
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period: _____ .

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period: _____ .

SUBTOTAL of Receipts This Page (optional) ▶ 000

TOTAL This Period (last page this line number only) ▶ 2,813.08

26039204806

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

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NAME OF COMMITTEE (In Full)
Emergent BioSolutions, Inc. Employees PAC

A.
Full Name (Last, First, Middle Initial): Gil Gutknecht for Congress
Mailing Address: P.O. Box 6428
City: Rochester State: MN Zip Code: 55903
Purpose of Disbursement: Political Contribution
Category/Type: 011
Candidate Name: Gil Gutknecht
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 31 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Mike Rogers for Congress
Mailing Address: P.O. Box 581
City: Brighton State: MI Zip Code: 48116
Purpose of Disbursement: Political Contribution
Category/Type: 011
Candidate Name: Mike Rogers
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2006
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): McCaul for Congress
Mailing Address: P.O. Box 2776
City: Arlington State: VA Zip Code: 22202
Purpose of Disbursement: Political Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2006
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

26020408007

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

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NAME OF COMMITTEE (In Full)
Emergent BioSolutions, Inc. Employees PAC

A.
Full Name (Last, First, Middle Initial): FARM PAC
Mailing Address: 675 North Washington St. #410
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type: 011
Date of Disbursement: 09 28 2006
Amount of Each Disbursement this Period: 150000
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial): John Sweeney for Congress
Mailing Address: P.O. Box 14165
City: Clifton Park State: NY Zip Code: 12065
Purpose of Disbursement: Political Contribution
Candidate Name: John Sweeney
Category/Type: 011
Date of Disbursement: 09 28 2006
Amount of Each Disbursement this Period: 100000
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial): Don Sherwood for Congress
Mailing Address: 81 Warren Street
City: Tunkhannock State: PA Zip Code: 18657
Purpose of Disbursement: Political Contribution
Candidate Name: Don Sherwood
Category/Type: 011
Date of Disbursement: 09 28 2006
Amount of Each Disbursement this Period: 100000
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 350000

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

26039204808

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

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NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial): Friends of John Saxton

Mailing Address: P.O. Box 795

City: Mount Holly State: NJ Zip Code: 08060

Purpose of Disbursement: Political Contribution

Category/Type: 011

Candidate Name: John Saxton

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 09 / 28 / 2006

Amount of Each Disbursement this Period: 200000

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Category/Type:

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Category/Type:

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 200000

TOTAL This Period (last page this line number only) ▶ 10,000.00

26039204809

FE6AN026

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred / / Date Due / / Interest Rate % (apr) Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2603920481 0

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page _____ of Schedule C

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER
C

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established MM / DD / YYYY

Date Due MM / DD / YYYY

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, 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).

Date account established: MM / DD / YYYY

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE MM / DD / YYYY

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 information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE MM / DD / YYYY

2603920481 1

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

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

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) ▶

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) ▶

26036204812

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼ C

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Date M M / D D / Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date M M / D D / Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M / D D / Y Y Y Y

26039204813

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE . OF

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

☐ Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☐ NO
If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date / /

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date / /

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date / /

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

SUBTOTAL of Expenditures This Page (optional) ▶

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

26039204814

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... ☐ %

Nonfederal..... ☐ %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

26039204815

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion 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 nonfederal 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	FEDERAL %	NONFEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%

26039204816

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

PAGE OF

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y	

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative** .....

ii) **Generic Voter Drive** .....

iii) **Exempt Activities** .....

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Fundraising .....

v) **Direct Candidate Support** (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support .....

vi) **Public Communications Referring Only to Party** (Made by PAC) .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

26039204817

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/ Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/ Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/ Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(I) and NonFederal share to 21(a)(II))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y	

BREAKDOWN OF THIS TRANSFER

VOTER REGISTRATION

I) Voter Registration
Total Amount Transferred for Voter Registration.....

VOTER 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.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y	

BREAKDOWN OF THIS TRANSFER

VOTER REGISTRATION

i) Voter Registration
Total Amount Transferred for Voter Registration.....

VOTER 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.....

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).....

TOTAL This Period (Total Amount of Transfers Received).....

26038204816

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE OF

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Type of Allocated Activity or Event:
- Voter Registration
- Voter ID
- GOTV
- Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Type of Allocated Activity or Event:
- Voter Registration
- Voter ID
- GOTV
- Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Type of Allocated Activity or Event:
- Voter Registration
- Voter ID
- GOTV
- Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

LEVIN SHARE

26039204820

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

2603920482 1

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

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

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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 NUMBER: (check only one) ☐ 4a ☐ 4b ☐ 4c ☐ 4d ☐ 5

PAGE OF

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NAME OF COMMITTEE (In Full)

A.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement
Amount of Each Disbursement this Period

B.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement
Amount of Each Disbursement this Period

D.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement
Amount of Each Disbursement this Period

E.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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Federal Election Commission

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