

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 MAR -1 AM 7:35

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4MS

DELTA ACCREDITED INVESTOR ALPHA FUND

ADDRESS (number and street) 118 S. EDGEMERE DRIVE

Check if different than previously reported. (ACC)

SICUTINATER KIA 020616

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00575381

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)
- X 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)	X Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	
Election on M M / O D / Y Y Y Y In the State of		

(d) 30-Day POST-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
Election on M M / O D / Y Y Y Y In the State of		

5. Covering Period 04 02 2015 through 02 21 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 Stephen Dickey

Signature of Treasurer Date 02 21 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

20160301 10:01:00 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: ^{M N D D Y Y Y Y} 04 07 2015 To: ^{M N D D Y Y Y Y} 02 21 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		00.00
(b) Cash on Hand at Beginning of Reporting Period.....	00.00	
(c) Total Receipts (from Line 19).....	00.00	00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	00.00	00.00
7. Total Disbursements (from Line 31).....	00.00	00.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	00.00	00.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	

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

20160221 10:00:00 AM

**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
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Delta Accredited Investor Alpha Fund

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	00.00
TOTAL This Period (last page this line number only).....▶	00.00

2025 RELEASE UNDER E.O. 14176

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)	<input type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full) *Delta Accredited Investor Alpha Fund*

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)..... ▶	0000
2) TOTALS This Period (last page this line number only)..... ▶	, 0000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	, 0000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	, 0000

UNCONFIDENTIAL

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE: OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Delta Accredited Teacher Alpha End</i>	FEC IDENTIFICATION NUMBER <i>C00575381</i>
--------------------------------------------------------------------------	-----------------------------------------------

Check 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Oppose	Office Sought: House District: _____ President Senate State
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶ _____

Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Oppose	Office Sought: House District: _____ President Senate State
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0 0 0 0
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0 0 0 0
(c) TOTAL Independent Expenditures.....▶	0 0 0 0

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 *02 21 2016*

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

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

PAGE OF
 FOR LINE 25 OF FORM 3X

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

NAME OF COMMITTEE (In Full) <i>Delta Accredited Investor Alpha Fund</i>	Check if 24-hour notice
----------------------------------------------------------------------------	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought	House Senate Presidential	State District
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought	House Senate Presidential	State District
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought	House Senate Presidential	State District
Aggregate General Election Expenditure for this Candidate ▶		Amount	

SUBTOTAL of Expenditures This Page (optional).....▶	00 00
TOTAL This Period (last page this line number only).....▶	00 00

2011-01-01 10:00:00 AM

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

2011-01-01 10:00:00 AM

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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.

NON-FEDERAL CANDIDATE SUPPORT

ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

**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
-----------------	-----------------	--------------------------

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)

2008-12-18 10:00:00 AM

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event	
Mailing Address			Administrative	Fundraising Exempt
City State Zip Code			Voter Drive	Direct Candidate Support
Purpose of Disbursement:			Public Comm (ref to party only) by PAC	
Activity or Event Identifier		Category/ Type	Allocated Activity or Event Year-To-Date	
			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event	
Mailing Address			Administrative	Fundraising Exempt
City State Zip Code			Voter Drive	Direct Candidate Support
Purpose of Disbursement:			Public Comm (ref to party only) by PAC	
Activity or Event Identifier		Category/ Type	Allocated Activity or Event Year-To-Date	
			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event	
Mailing Address			Administrative	Fundraising Exempt
City State Zip Code			Voter Drive	Direct Candidate Support
Purpose of Disbursement:			Public Comm (ref to party only) by PAC	
Activity or Event Identifier		Category/ Type	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

2015-08-04 10:00:00 AM

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

NONCONFIDENTIAL INFORMATION

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) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
A.		
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
B.		
Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
C.		
Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
D.		
Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		

SUBTOTAL of Receipts This Page (optional)..... ▶

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

20150308 10:00 AM

**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)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)

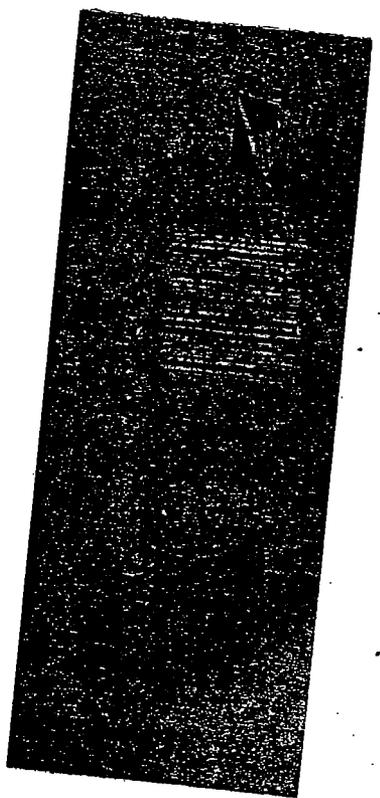
A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement
	Mailing Address		
	City	State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement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

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

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

20150301 10:00 AM

quick
MAY
02066



Federal Election Commission
999 E Street, NW
Washington, DC

20403

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