

**FEC FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
Office Use Only

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

SSAB Americas PAC SSAB Enterprises LLC

ADDRESS (number and street) 11 N. Water Street Suite 17000

Check if different than previously reported. (ACC) Mobile AL 33602

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

**C 00513861**

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 MM/DD/YYYY in the State of AL

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

General (30G)  Runoff (30R)  Special (30S)

Election on MM/DD/YYYY in the State of AL

5. Covering Period 1 0 / 0 1 / 2 0 1 9 through 1 2 / 3 1 / 2 0 1 9

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 Terry Federko

Signature of Treasurer *Terry Federko* Date 0 1 / 3 1 / 2 0 2 0

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SSAB Americas PAC SSAB Enterprises LLC

Report Covering the Period: From: 

MM	DD	YYYY
10	01	2019

 To: 

MM	DD	YYYY
12	31	2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6. (a) Cash on Hand January 1, <table border="1"><tr><td>YYYYYY</td></tr><tr><td>2019</td></tr></table>	YYYYYY	2019		<table border="1"><tr><td>1799000</td></tr></table>	1799000
YYYYYY					
2019					
1799000					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td>908000</td></tr></table>	908000			
908000					
(c) Total Receipts (from Line 19).....	<table border="1"><tr><td>497250</td></tr></table>	497250	<table border="1"><tr><td>706250</td></tr></table>	706250	
497250					
706250					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1"><tr><td>1405250</td></tr></table>	1405250	<table border="1"><tr><td>2505250</td></tr></table>	2505250	
1405250					
2505250					
7. Total Disbursements (from Line 31).....	<table border="1"><tr><td>950000</td></tr></table>	950000	<table border="1"><tr><td>2050000</td></tr></table>	2050000	
950000					
2050000					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1"><tr><td>455250</td></tr></table>	455250	<table border="1"><tr><td>455250</td></tr></table>	455250	
455250					
455250					
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td></td></tr></table>				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td></td></tr></table>				

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

**For further information contact:**  
  
Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SSAB Americas PAC SSAB Enterprises LLC

Report Covering the Period: From: 

M	M
1	0

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	9

 To: 

M	M
1	2

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	1	9

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

<b>11. Contributions (other than loans) From:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2 5 9 5 0 0	4 4 6 7 5 0
(ii) Unitemized.....	2 3 7 7 5 0	2 5 9 5 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4 9 7 2 5 0	7 0 6 2 5 0
(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).....▶	4 9 7 2 5 0	7 0 6 2 5 0
<b>12. Transfers From Affiliated/Other Party Committees.....</b>		
<b>13. All Loans Received.....</b>		
Loan Repayments Received.....		
<b>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</b>		
<b>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</b>		
<b>17. Other Federal Receipts (Dividends, Interest, etc.).....</b>		
<b>18. Transfers from Non-Federal and Levin Funds</b>		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
<b>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</b>	4 9 7 2 5 0	7 0 6 2 5 0
<b>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</b>	4 9 7 2 5 0	7 0 6 2 5 0

RECEIVED BY THE FEDERAL ELECTION COMMISSION

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</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 .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....			
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		9 5 0 0 0 0	2 0 5 0 0 0 0
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....			
(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 (Including Non-Federal Donations) .....			
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..		9 5 0 0 0 0	2 0 5 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		9 5 0 0 0 0	2 0 5 0 0 0 0

**DETAILED SUMMARY PAGE**  
of Disbursements

**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) .....	4 9 7 2 5 0	7 0 6 2 5 0
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4 9 7 2 5 0	7 0 6 2 5 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NONDISCLOSURE OF INFORMATION

**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 2	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**SSAB Americas PAC SSAB Enterprises LLC**

**A. Larson, Katie R.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**8613 Cyrus Place**  
 City  
**Alexandria** State **VA** Zip Code **22308**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Dir. Gov't Relations**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **1 2 0 0 0 0**

Date of Receipt  
**0 9 / 2 0 / 2 0 1 9**  
 Amount of Each Receipt this Period  
 Memo Item

**B. Kowing, Benjamin E.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**3644 Deer Ridge Ct**  
 City  
**Bettendorf** State **IA** Zip Code **52722-6185**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Vice President**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **7 5 0 0 0 0**

Date of Receipt  
**1 2 / 3 1 / 2 0 1 9**  
 Amount of Each Receipt this Period  
 Memo Item

**C. Phillip, Colleen A.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**11407 Bradford Ct.**  
 City  
**Daphne** State **AL** Zip Code **36526**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Vice President**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **3 0 0 0 0 0**

Date of Receipt  
**1 2 / 3 1 / 2 0 1 9**  
 Amount of Each Receipt this Period  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional) **4 8 0 0 0 0**  
**TOTAL** This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 2							
	(check only one)							
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SSAB Americas PAC SSAB Enterprises LLC**

**A. Abraham, Sunday**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**5657 Madison Ct.**  
 City  
**Bettendorf** State **IA** Zip Code **52722**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Iowa Inc.** Occupation (for Individual) **Director R&D**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **4 3 7 5 0**

Date of Receipt  
**1 2 / 3 1 / 2 0 1 9**  
 Amount of Each Receipt this Period  
**3 7 5 0 0**  
 Memo Item

**B. Coates, Kristopher D**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**103 Kinderwood Trail**  
 City  
**Montgomery** State **TX** Zip Code **77316**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Texas Inc.** Occupation (for Individual) **Value+ Sales Dir.**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **2 8 0 0 0**

Date of Receipt  
**1 2 / 3 1 / 2 0 1 9**  
 Amount of Each Receipt this Period  
**2 4 0 0 0**  
 Memo Item

**C. Moskaluk, Jeffery J.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**606 Lea Avenue**  
 City  
**Daphne** State **AL** Zip Code **36526**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Senior Vice President**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **1 5 0 0 0 0**

Date of Receipt  
**1 2 / 3 1 / 2 0 1 9**  
 Amount of Each Receipt this Period  
**1 5 0 0 0 0**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2 1 1 5 0 0**  
**TOTAL** This Period (last page this line number only)..... **2 5 9 5 0 0**

**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)						PAGE 1 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
**SSAB Americas PAC SSAB Enterprises LLC**

Full Name (Last, First, Middle Initial) <b>SteelpAC</b>		Date of Disbursement MM / DD / YYYY <b>10 / 10 / 2019</b>	
Mailing Address <b>25 Massachusetts Ave NW, Suite 800</b>		FEC Identification Number <b>C 00295097</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Amount of Each Disbursement this Period <b>3,000.00</b>
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>011</b>	
Candidate Name <b>Robert B. Aderholt</b>		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>AL</b>	District: <b>4</b>		

Full Name (Last, First, Middle Initial) <b>Robert Aderholt for Congress</b>		Date of Disbursement MM / DD / YYYY <b>11 / 13 / 2019</b>	
Mailing Address <b>P.O. Box 1158</b>		FEC Identification Number <b>C 00313247</b>	
City <b>Haleyville</b>	State <b>AL</b>	Zip Code <b>35565</b>	Amount of Each Disbursement this Period <b>1,000.00</b>
Purpose of Disbursement <b>Dinner/contribution</b>		Category/Type <b>011</b>	
Candidate Name <b>Robert B. Aderholt</b>		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>AL</b>	District: <b>4</b>		

Full Name (Last, First, Middle Initial) <b>Rob Portman for US Senate</b>		Date of Disbursement MM / DD / YYYY <b>11 / 14 / 2019</b>	
Mailing Address <b>1111 19th Street NW - Suite 1100</b>		FEC Identification Number <b>C 00458463</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Disbursement this Period <b>1,000.00</b>
Purpose of Disbursement <b>Steel Industry Lunch/Contribution</b>		Category/Type <b>011</b>	
Candidate Name <b>Robert Jones Portman</b>		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>OH</b>	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>5,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SSAB Americas PAC SSAB Enterprises LLC

Full Name (Last, First, Middle Initial)

**A.** Terri Sewell for Congress

Mailing Address

499 S. Capitol St. SW, Ste. 422

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

Reception/Contribution

0 1 1

Candidate Name

Terrycina Andrea Swewll

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: AL

District: 7

Date of Disbursement

MM / DD / YYYY  
1 1 / 1 4 / 2 0 1 9

FEC Identification Number

C 0 0 4 5 8 9 7 6

Amount of Each Disbursement this Period

5 0 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

**B.** Friends of Sherrod Brown

Mailing Address

208 Eye Street, NE

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Reception/contribution

0 1 1

Candidate Name

Sherrod Campbell Brown

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: OH

District:

Date of Disbursement

MM / DD / YYYY  
1 2 / 1 1 / 2 0 1 9

FEC Identification Number

C 0 0 2 6 4 6 9 7

Amount of Each Disbursement this Period

1 0 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

**C.** SMA PAC

Mailing Address

1150 Connecticut Ave. NW, Suite 1125

City

Washington

State

DC

Zip Code

20036

Purpose of Disbursement

Contribution

0 1 1

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
1 2 / 1 6 / 2 0 1 9

FEC Identification Number

C 0 0 5 7 6 4 7 0

Amount of Each Disbursement this Period

3 0 0 0 0 0

Memo Item

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

4 5 0 0 0 0

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

9 5 0 0 0 0

**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)  Memo Item

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

Secured:

M  M /  D  D /  V  V  V  V  V  V  M  M /  D  D /  V  V  V  V  V  V  % (apr)  Yes  No

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:	<input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>

**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.

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

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
-----------------------------	--------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
		%

Mailing Address			Date Incurred or Established		
City	State	Zip Code	MM	DD	YYYY
			Date Due		
			MM	DD	YYYY

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

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:      Location of account:  
 MM / DD / YYYY

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	DATE MM / DD / YYYY
Title	

**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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

1) **SUBTOTALS** This Period This Page (optional).....▶

[Empty box for Subtotals]

2) **TOTALS** This Period (last page this line number only).....▶

[Empty box for Totals]

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....▶

[Empty box for Total Outstanding Loans]

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

[Empty box for Add 2 and 3]

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

NAME OF COMMITTEE (In Full)	<b>FEC IDENTIFICATION NUMBER</b> ▼ C
-----------------------------	---

Check if  24-hour report     48-hour report    **▶▶▶**    New report    Amends report filed on  /  /

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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  /  /

**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**

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

NAME OF COMMITTEE (In Full)		
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee	
	Mailing Address	
	City	State

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

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

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

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	<input type="checkbox"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="checkbox"/>

**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**

**Indicate ratio below**

Federal.....  %  
Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

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.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>

NON-FEDERAL CANDIDATE SUPPORT



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

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) .....	

NON-FEDERAL ACCOUNTS FOR FEDERAL AND NON-FEDERAL ACTIVITY



**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 <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
M M M	/	D D D	/	Y Y Y Y Y Y			

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	<input type="text"/>
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID .....	<input type="text"/>
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV .....	<input type="text"/>
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity .....	<input type="text"/>

NAME OF ACCOUNT	DATE OF RECEIPT <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
M M M	/	D D D	/	Y Y Y Y Y Y			

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	<input type="text"/>
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID .....	<input type="text"/>
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV .....	<input type="text"/>
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity .....	<input type="text"/>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL</b> This Period (Voter Registration).....	<input type="text"/>
<b>TOTAL</b> This Period (Voter ID) .....	<input type="text"/>
<b>TOTAL</b> This Period (GOTV).....	<input type="text"/>
<b>TOTAL</b> This Period (Generic Campaign Activity).....	<input type="text"/>
<b>TOTAL</b> This Period (Total Amount of Transfers Received).....	<input type="text"/>

**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)**

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Purpose of Disbursement				Category/Type	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Purpose of Disbursement				Category/Type	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Purpose of Disbursement				Category/Type	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>					
FEDERAL SHARE			LEVIN SHARE		= TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>					

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

2019 RELEASE UNDER E.O. 14176

**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

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)

**A.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

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).....▶

UNCLASSIFIED//FOR OFFICIAL USE 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: PAGE OF  
 (check only one)  4a  4c  5  
 4b  4d

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)

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

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  Memo Item

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  Memo Item

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  Memo Item

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  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period


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

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





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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1-31-20
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/4/20 DATE PREPARED

(3/2015)

NOV 10 10 01 AM '09