# HUDRY - HIVE - MICHON

FE7AN014

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 FEB -2 AM 10: 06

Office	Use Only 1	CEMTER
		0 - 1 - 1

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If to over the line		12FE4M5	
L	Q MURE WIN	_		У <sub></sub> Р, Қ.ш, у,	1, A 50, 6	
	C005.423	7.3	REPORT	NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Control of the control of the c	Report Due On:  (c) 12-Day PRE-Election Report for the Cas)  (d) 30-Day POST-Election Report for the Cash	e: Conventi	on (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)  Runoff (30R)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)  in the State of
5.		" ' 2 <i>\$</i> ' 2 ŏ			37/20	
Typ	nature of Treasurer  TE: Submission of false, erron	ir Judd	Saul	Dat	e Ol'	් දිවැද් es of 52 U.S.C. § 30109
L	Use Only					FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

<b>W</b>	ite or Type Committee Name  No More	imponts	
Re	eport Covering the Period: From:	To:	[12] (3.1) (2.0.14
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,		0.06
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	0.00	000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.00	000
— <del>-</del> 7.	Total Disbursements (from Line 31)	0.00	000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.0.0	$O_{\sim}O_{\sim}O_{\sim}O_{\sim}O_{\sim}O_{\sim}O_{\sim}O_{\sim}$
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	·

#### For further information contact:

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

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

# THOM: HIS MONO

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  No More Wo	monats	
Report Covering the Period: From:	1 (2°3 (2°14) TO	2014
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)	Ď Č O	0.0.6
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	<u> </u>	$\begin{array}{c} 0.000 \\ 0.000 \end{array}$
(b) Political Party Committees(c) Other Political Committees (such as PACs)	000	000
(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	0,00	0.00
13. All Loans Received	000	0.00
14. Loan Repayments Received	0.00	000
Refunds of Contributions Made     to Federal Candidates and Other     Political Committees	000	0.00
<ul> <li>17. Other Federal Receipts (Dividends, Interest, etc.)</li></ul>	0.00	6.0.0
(from Schedule H3)(b) Levin Funds (from Schedule H5)	0.00	0.0.0
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0, 0, 0	000
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.0.0	0.0.0

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total Tills T Criou	Calelidal Tear-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share		Q,QD
	(ii) Non-Federal Share	0.00	000
	(b) Other Federal Operating		
	Expenditures	0.00	0.0.0
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	Cian	0.00
22.	Transfers to Affiliated/Other Party	73 0 0	<u> </u>
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees	( ) ( )	
04	and Other Political Committees	0.00	0,00
	Independent Expenditures (use Schedule E)	() (0	000
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
	(use Schedule F)	0.00	0.00
		000	
26.	Loan Repayments Made	<u> </u>	<u> </u>
	Loans Made	0.06	0.6.6
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	() ()	000
	(c) Other Political Committees	<u> </u>	
	(such as PACs)	000	000
	(d) Total Contribution Refunds	<del></del>	
	(add Lines 28(a), (b), and (c))▶	0,0,0	
29.	Other Disbursements	0,00	0,66
30.	Federal Election Activity (52 U.S.C. § 30101(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	002	000
	(i) Federal Share	<u> </u>	000
	(ii) "Levin" Share	000	006
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	$O_{00}$
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0,00	(200
	Ellies ob(a)(i), ob(a)(ii) and ob(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
30	Total Federal Disbursements		
JZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.0.0	000

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 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) ......

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF J		
TEMIZED RECEIPTS	for each category of the	(check only one)		
	Detailed Summary Page	13 14 15 16 17		
Any information copied from such Reports and Statemen		rson for the purpose of soliciting contributions		
or for commercial purposes, other than using the name	e and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  Vo M	or Womponts	<u>.</u>		
Full Name (Last, First, Middle Initial)	7	Date of Receipt		
Mailing Address				
City St	ate Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer Occ	upation			
Receipt For:  Primary General  Other (specify) ▼	gregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)  B.		Date of Receipt		
Mailing Address		M.C.M. \ D.D.D. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
City St	tate Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer Occ	upation			
Receipt For: Agg	regate Year-to-Date ▼			
Other (specify) ▼	<u> </u>	<u> </u>		
Full Name (Last, First, Middle Initial)  C.		Date of Receipt		
Mailing Address		May / Land / Landadad		
City SI	tate Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
	supation			
Receipt For:  Primary General  Other (specify) ▼	gregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		0.00		
TOTAL This Period (last page this line number only)		000		

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one) 22 23 24 25 26
	y information copied from such Reports and Staten	nents may not be sold or used		
$\overline{}$	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and address of any political	committee to	solicit contributions from such committee.
$\geq$	No N	Move Wilmponts	<u>-</u>	
A.	Full Name (Last, First, Middle Initial)	(	į	Date of Disbursement
	Mailing Address	·		May \ [ 0.2.0] \ Language
	City	State Zip Code		
	Purpose of Disbursement	Ĩ		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)		<del></del>	
B.				Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement		<del></del>	Amount of Foot Dishusses this Desire
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
_	State: District: Full Name (Last, First, Middle Initial)		- "	<del></del>
C.				Date of Disbursement
	Mailing Address			لمسالسا لسا
	City	State Zip Code		
	Purpose of Disbursement			Amount of Foot Pill
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	. 140	
_				000
	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)			0.00
Ľ				<u> </u>

# SCHEDULE C (FEC Form 3X)

011EB0EE 0 (1 E0 1 01111 0X)	
OANS	Use separate schedule(s)   PAGE   OF   I   for each category of the   Detailed Summary Page   FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)  No More Williams (Last First Middle Initial)	ut
LOAN SOURCE Full Name (Last, First, Middle Initial)    Uhe   Mailing Address   Compared to the	Election:  Primary  General  Other (specify)
City State ZIP Co	ide
Original Amount of Loan Cumulative Payment To	
Date Incurred  Date Due  Date Due  List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate Secured: % (apr) Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code  4. Full Name (Last, First, Middle Initial)	Amount Guaranteed Outstanding:
	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶
TOTALS This Period (last page in this line only)	000
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 Co	mmission, Washington, D.C. 20463			Page or Schedule C
NAME OF COMMI	TTEE (In Full)	·	FEC 1	DENTIFICATION NUMBER
	No More Wany	oonts	C	0542373
LENDING INSTITU	ITION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	Nons			<u> </u>
Mailing Address		Date Incurred or Established	(Second Constant)	646 / 444444
City	State Zip Code	Date Due		
A. Has loan b	een restructured? No Yes	If yes, date originally incurre	d/	DAD \ ASSAGA
B. If line of cre Amount of		Total Outstanding Balance:		
C. Are other p	parties secondarily liable for the debt inc	curred? s must be reported on Schedule C.)	)	
property, go	the following pledged as collateral for toods, negotiable instruments, certificates ounts receivable, cash on deposit, or o	s of deposit, chattel papers,	What is the v	alue of this collateral?
☐ No	Yes If yes, specify:		Does the lend	der have a perfected security
<u> </u>		 	interest in it?	<del></del>
1	ure contributions or future receipts of in or the loan?  No Yes If ye	es, specify:	What is the e	stimated value?
	ry account must be established pursuar 100.82(e)(2) and 100.142(e)(2).	t Location of account:		
	e account established:	Address:		
<b></b>		City, State, Zip:		
F. If neither of the loan an	the types of collateral described above mount, state the basis upon which this I	was pledged for this loan, or if the oan was made and the basis on w	amount pledge hich it assures	ed does not equal or exceed repayment.
				<del> </del>
Typed Nam Signature	TE TREASURER Judd Se	rut)	DATE O /	13' 7013
H. Attach a s	igned eopy of the loan agreement.			
I. To the are a	ONED BY THE LENDING INSTITUTION be best of this institution's knowledge, the ccurate as stated above.	e terms of the loan and other infor		
simila III. This i	ir extensions of credit to other borrower institution is aware of the requirement t	's of comparable credit worthiness. hat a loan must be made on a bas	is which assure	
comp AUTHORIZED RE	lied with the requirements set forth at 1 PRESENTATIVE	1 CFM 100.82 and 100.142 in mak	DATE	<del></del>
Typed Name			ا المستعلالاً ا	
Signature		Title		لسسا لسا

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS			(Use separate	PAGE   OF /
			schedule(s)	FOR LINE NUMBER: (check only one)
Exclu	uding Loans		for each numbered line)	(check only one) 9
NAM	E OF COMMITTEE (In Full) No Mars	Wimpouts		
Ā	. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
	None			
ĮM	lailing Address		Į.	
C	ity State	Zip Code		
	Outstanding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
В	. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of E	Pebt (Purpose):
	failing Address			
Ľ				
C	ity State	Zip Code		
	Outstanding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
			نا لت	
C	. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Debt (Purpose):
	failing Address			
C	iity	State Zip Code		
	Outstanding Balance Beginning This Period			
ļ				
	Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional).		}	000
<u> </u>	<del></del>			() () ()
<u> </u>	TOTALS This Period (last page this line number			
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	000
4)	ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page o	nnlv\ ►	0 0 01

Signature

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF / FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
No More Wingouts		C ( 0 5 4 2 3 7 3
Check if 24-hour report 48-hour report New re	port Amends repor	rt filed on
Full Name of Payee	<del></del>	Date of Public Distribution/Dissemination
Mone	· 	M-M / D-D / V-V-V-V
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Tun Name of Layer		M M / D D / Y Y Y Y
Mailing Address		<del>─</del>
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		000
(b) SUBTOTAL of Uniternized Independent Expenditures		000
(c) TOTAL Independent Expenditures		► <u>0.00</u>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of any candidate or authorize party committee or its agent.	es reported herein were red committee or agent of	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
	Date	
Signature	Date	المنتها المنا النا

#### 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

BEHALF OF CANDIDATES	FOR FED	ERAL OFFICE		PAGE OF
	be used only	by Political Committees in th	ne General Election)	FOR LINE 25 OF FORM 3X
ME OF COMMITTEE (In Full)	More	hampout	·	Check if 24-hour notice
your committee been designated to ma		Full Name of Subordinate Com	nmittee	· · · · · · · · · · · · · · · · · · ·
rdinated expenditures by a political party YES X NO	committee?	None		•
ES, name the designating committee:		Mailing Address		
		City	Stat	e ZIP Code
Full Name (Last, First, Middle Initial) of	Each Payee	<del></del>	Purpose of Expe	nditure
				لحصا
Mailing Address				Category/ Type
			Date	
City	State	Zip Code	/ /	
Name of Federal Candidate Supported	Office Sough	ht: House State:	Amount	
		Senate District:		~ ~ ~ ~ ~ ~ ~ ~ ~
		Presidential		
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of	Each Payee	<del></del>	Purpose of Expe	nditure
				ليمسيا ا
Mailing Address				Category/ Type
		7'- 0-4-	Date	
City	State			
Name of Federal Candidate Supported	Office Sough	H _   -	Amount	
	}	Senate District: Presidential		· · · · · · · · · · · · · · · · · · ·
Aggregate General Election	<del></del>			A - A - A - A - A - A - A - A - A - A -
Expenditure for this Candidate		<u></u>		
Full Name (Last, First, Middle Initial) of	Each Payee	<del></del>	Purpose of Expe	nditure
, , ,	•			
Mailing Address				Category/ Type
Mailing Address			Date	Туре
City	State	Zip Code		<u> </u>
Name of Federal Candidate Supported	Office Sough	ht: House   State:		
		Senate District:	Amount	<del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>
	<u></u>	Presidential		-1147 <del>2</del> -11472 - 1.
Aggregate General Election  Expenditure for this Candidate ▶	<del></del>			
Experiation this candidate				
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
UBTOTAL of Expenditures This Page (op	tional)		···· • • • • • • • • • • • • • • • • •	
OTAL This Period (last page this line nur	mber only)			000

#### 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)				
No More Wimponts.				
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 $lacksquare$				
If the committee is spending more than 50% federal funds, indicate ratio below				
Federal				
Nonfederal%				
This ratio applies to (check all that apply):				
Administrative . Generic Voter Drive . Public Communications Referencing Party Only				

## SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF		
NAME OF COMMITTEE (In Full)  NO MORE WINDOLTS				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE ACTIVITIES APPEARING ON THIS REPORT.	E SUPPORT			
Methods of allocation:				
<ol> <li>FUNDRAISING activities are allocated using the "funds received methor expenses must equal the federal proportion of monies raised.</li> </ol>	od" where the federal prop	portion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accord where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commu- federal and nonfederal candidates, regardless of whether there is a re- are allocated using a time/space method.	derived by federal candid unications or voter drives	lates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	%	<u> </u>		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u> </u>	<u> </u>		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:				
Fundraising Direct Candidate Support	%	<u> </u>		
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:	LEBENYE V	NON EDETAL 76		
Fundraising Direct Candidate Support	%	%		
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL &	NONFEDERAL (/		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support	%	%		
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL C	NONESPEDAL -		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%		
New Revised Same as Previously Reported				

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

PAGE OF
FOR LINE 18a OF FORM 3X
. AMOUNT TRANSFERRED
<del></del>
{
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
2,
000
0.00
000
000
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

NAME OF COMMITTEE (In Full)  NO More Whyoonts					
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
	None	MAM , DAD , LALANA			
BRE	AKDOWN OF TRANSFER RECEIVED				
i)	Total Administrative				
1					
ii)	Generic Voter Drive	,			
iii)	Exempt Activities				
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)			
ļ	a)		المحم		
}	b)				
Ì					
Ì	c) Total Amount Transferred For Direct Fundra	aising			
v)	Direct Candidate Support (List Activity or Ex	rent Identifier)			
	a)				
ļ			Sendened Sendened		
ļ	b)				
	c) Total Amount Transferred For Direct Candid	date Support			
vi)	Public Communications Referring Only to	Party (Made by PAC)			
	TOTALS FO	OR BREAKDOWN OF TRANSFER RE	CEIVED		
TOTAL	This Period (Administrative)		000		
			0 0 0		
TOTAL	This Period (Generic Voter Drive)				
TOTAL	This Period (Exempt Activities)		000		
TOTAL	This Period (Direct Fundraising)		0,00		
TOTAL	This Period (Direct Candidate Support)		0.00		
TOTAL	This Period (Public Communications Referring	Only to Party)	0.00		
TOTAL	This Period (Total Amount Transferred)				

# HINDRY - HIND - NICONINI

## SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
FOR LI	NE 2	1a OF	FORM	зх

	AME OF COMMITTEE (In Fall)				I OH EINE ZIE OF FORMION
N/	AME OF COMMITTEE (In Full)	10 More	Wayoo	ats	
A.	Full Name (Last, First, Middle Initial)	None	<del></del>	·	Allocated Activity or Event:
	Mailing Address	10 046	<del> </del>		Administrative Fundraising Exempt
	•	<del></del>	<del></del>		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
			·		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			Total Control of Control	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
_	<u> </u>	<u> </u>			
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Cotogory	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
		سا ل	~ • • •		
			<i>-0</i> 30005	<b>^</b>	
S	UBTOTAL of Allocated Federal and NonFed FEDERAL SHARE	eral Activity This	s Page NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.0			() () (	0 0 0
74	OTAL This Period (last page for each line o	nly)(Federal sha	re to 21(a)(i) and	d NonFederal sh	are to 21(a)(ii))
•	FEDERAL SHARE		NONFEDERAL		TOTAL AMOUNT
	00	0		ΟυC	000
		المجيدة المحيد			

#### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

ALLOCATED FEDERAL ELECTION ACTIVITY PAGE (To be used by State, District and Local Party Committees Only) FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) M016 No NAME OF ACCOUNT DATE OF RECEIPT **TOTAL AMOUNT TRANSFERRED** N one BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration... 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 BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration.... 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).....

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# 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	l	OF	1
FOR LINE	30a	OF	FORM 3X

NAME OF COMMITTEE (IN FUII) NO More Wompouts				
11/1 W/13/2 11/8L 2 P/	NAME OF COMMITTEE (In Full)			
100 F(0)8 WM P 04T)				
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV			
None	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement	Category/ Type Date			
FEDERAL SHARE + LEVIN SHA	<del></del>			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
1				
City State Zip Code				
Purpose of Disbursement	Category/ Type Date			
FEDERAL SHARE + LEVIN SHA				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign			
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date			
Mailing Address	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date			
	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date			
Mailing Address	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date			
Mailing Address  City State Zip Code	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type Date TOTAL AMOUNT			
Mailing Address  City State Zip Code  Purpose of Disbursement	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type Date			
Mailing Address  City State Zip Code  Purpose of Disbursement	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type Date TOTAL AMOUNT			
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type  TOTAL AMOUNT			
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page	Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type  TOTAL AMOUNT			
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHA	Voter Registration  Voter ID  Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type  Date  TOTAL AMOUNT  TOTAL AMOUNT  O 0 0			
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA  OOO  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	Voter Registration  Voter ID  Generic Campaign  Allocated Activity or Event Year-To-Date  Category/ Type  Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT			

#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAME OF ACCOUNT				
NAME OF ACCOUNT NON &				
<del></del>		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE	
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	0.00	6.00	
	(b) Unitemized	000	0.00	
	(c) Total	0.00	<u> </u>	
2.	OTHER RECEIPTS	0.00	Q0.0	
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	0.000	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		· · · · · · · · · · · · · · · · · · ·	
	(a) Voter Registration	0.00	0.00	
	(b) Voter ID	0.00	000	
	(c) GOTV	0.00	0.0.0	
	(d) Generic Campaign	40.0	<u>, , , , , , , , , , , , , , , , , , , </u>	
	(e) Total	0.00	<u> </u>	
5.	OTHER DISBURSEMENTS	0.00	QQ0	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	000	0,00	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	000	0,00	
8.	RECEIPTS(from Line 3)	0.0.0	QQ0	
9.	SUBTOTAL(Add Lines 7 and 8)	Qo.d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10.	DISBURSEMENTS(From Line 6)	000	0.0.0	
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0.00	

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

PAGE OF Use separate schedule(s) FOR LINE NUMBER: for each category of the Aggregation Page (check only one) 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) More Wimponts Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Von 1 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 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. 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 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. 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 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. 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).....

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# 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 4c 4d

OF LEVIN FUNDS	Aggregation Page	4a   4c   5
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full)  No More	wdhpouts	
Full Name (Last, First, Middle Initial) / Full Organization Name  (UM (	e	Date of Disbursement
Mailing Address		
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name   Mailing Address	е	Date of Disbursement
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization NamC.	e	Date of Disbursement
Mailing Address		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Nam  D.	е	Date of Disbursement
Mailing Address		
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Nam  E.  Mailing Address	е	Date of Disbursement
Mailing Address	7'n Code	
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.0,0
TOTAL This Period (last page this line number only)		000

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NGTM INCLUDED

ACLUDED #



# REGIONAL RATE BOX A FOR DOMESTIC AND INTERNATIONAL USE

1521 Technology Parkway Cedar Falls, IA 50613 Cohesion

Federal Electron Commission Washington, DC 20463 999 E Street NW

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(8/2013)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED