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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 APR 18 AM 11: 47

Office USE ONVAIL CENTER

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typo over the lines.	12FE4M	5
Think Final	1,0,0,1	PAC		
ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER OF THE PROPERTY	SULLE TO EDRT MO!	(3.2.2)	STATE A	ZIP CODE A
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Country Report (Country Report (Country Report (Country Report (Country Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Election Report for the control of t	Convention Clection on General (30	Jun 20 (M6) Se Jul 20 (M7) Oc P) General (12C) Special	(12S) In the State of Special (30S) in the State of Sta
5. Covering Period I certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer	Dwide		belief it is true, correct a	2014
NOTE: Submission of false, erron Office Use Only	eous, or incomplete inform	mation may subject the pe	rson signing this Report to	the penalties of 2 U.S.C. §437g. FEC FORM 3X Rev. 12/2004

4031221

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

nanco inc. PAC

Report Covering the Period:

From:

01/01/2014

To: 03/31/2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		D.6.0
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	0.00	0.0.0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		0.0.0
7.	Total Disbursements (from Line 31)	000	0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

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

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

FE6AN026

403122182

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Think Finance inc. PAC

Report Covering the Period:

From:



To:



	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than luans) From:		
	(a) Individuals/Persons Other	•	
	Than Political Committees		
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	and a supplied of the state of	and the state of t
	(iii) TOTAL (add		~ }= ;= ;= ;: -: ; -: ; -: ; -: ; -: ; -: ;
	Lines 11(a)(i) and (ii)		
	(b) Political Party Committees	1	Land on a grant of the second
	(c) Other Political Committees		
	(such as PACs)		<u> </u>
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	historia and the control of the cont	<u> </u>
12.	Transfers From Affiliated/Other		
	Party Committees		
13.	All Loans Received		
			Note that the second confirmation of the second
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures	Extended a remaining control of the	has the featherfor Description of the first
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	and of the Trails of and the disease of the	
16.	Refunds of Contributions Made		
	to Federal Candidates and Other	Complete Commence of the Comme	The after any and be real an arthur and an arthur and a section of the section of
	Political Committees		The state of the first of the state of the s
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Fund	S	
	(a) Non-Federal Account		
	(from Schedule H3)	La L	
	(b) Levin Funds (from Schedule H5)	<u> </u>	
		לים ליה להים לבוו לימים לי בול מי להים לבים לבים לבים לבים לבים לבים לבים לב	[HIN HOTEL FOR HONE OF AN HOUSE DE LIFE
	(c) Total Transfers (add 18(a) and 18(b))		
10	Total Receipts (add Lines 11/d)		
1 J.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	000	000
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	700	<i>∧••</i>



DETAILED SUMMARY PAGE

"of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	MA A TOTAL THE PERIOD	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	has after the first of the firs	
	Expenditures		
	(c) Total Operating Expenditures	From the first of	
	(add 21(a)(i), (a)(ii), and (b))▶		<u> </u>
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to	Red Company of the Company of the Company	<u> </u>
	Federal Candidates/Committees and Other Political Committees		
	Independent Expenditures	Handrand Caretter Branch Charles and Caretter and Carette	
25.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)	ll il	
			_
26.	Loan Repayments Made	Lanca or an area or an area	
		1	
27. 28	Loans Made Refunds of Contributions To:	Large argence	
20.	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(such as PACs)	<u></u>	<u> </u>
	(d) Total Contribution Refunds	gravita seguesti ett essagaretaretare att e ett e ett essagaretar	New Self St. and restricted frequency with and applying the
	(add Lines 28(a), (b), and (c))▶		
		Market and the Attack to the compared to the c	 Benefit and the State of the St
29.	Other Disbursements	<u>*</u>	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
		[han 6 in the 18 hander of hear 18 in the interest of the first of the	
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	Harring the Control and soften the Arrival of the	Last Control and and the first the state of
	(i) Federal Share		
	(il) "Levin" Share(b) Federal Election Activity Paid Entirely	1	
	With Fedaral Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Language of the state of the st	Leave the one is a sound so with the
24	Total Dishursoments (add Lines 21/s) 22		
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	$\bigcirc \circ \circ$	000
		Contact and contact and a formation of \$1 and from \$10 and	throughout the contract of the
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	000	06.0
			Name that was known from those for the control of t

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111.	t 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)	voo	000		
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) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11c 12 **Detailed Summary Page** 13 14 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 oursoses, other than using the name and address of any political committee to solicit contributions from such committee. No contributions made NAME OF COMMITTEE (In Full) Received in this analyte Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address าด้านทำไป (โดยการปปป) (โดยการเกรา City Zip Code State Amount of Each Receipt this Period mar nama wa wa makana wa waka wa wa kata wa ka FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period and a signification of the same transfer and sections FEC ID number of contributing federal political committee. <u>rus a sar unus rugaren esten 1950 a</u> Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) w Full Name (Last, First, Middle Initial) Date of Receipt C. Mailing Address IN VM / / D = D / / City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. eleta (1. e40 e40 e0entre 410 e16 e16 e 🖟 Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General angangangan galatgi magalatga menger Other (specify) and with a 17th in the Life at 15th at 15th and 15th in the Carlo SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER PAGE	OF
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	VIIIDE11.	<u> </u>
	for each category of the Detailed Summary Page	21b	22 23 24 25	26
		27	28a 28b 28c 29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) TOUNK TO NAME (In Full) TOUNK TO NAME (In Full) Full Name (I set First Middle In File)	. DAT - INC	COVI	1141 pm 101/2	م صلحه م
TAMALE INTO THE	1710 Mag	e jrei	ielved TVIIs qui	2 KICK
Full Name (Last, First, Middle Initial)	• •	1	Date of Disbursement	
\.			Pare of Dispulsement	ecasen
Mailing Address				
			National and Control C	
City	State Zip Code			
Purpose of Disbursement	rī-			
			Amount of Each Disbursement this	
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Туре	[<u> </u>
_ <u> </u>	Primary General			
President	Other (specify) ▼			
State: District:		<u>=</u>		
Full Name (Last, First, Middle Initial)			Date of Disbursement	
9.			Date of Disbursement	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement	Ti-			
			Amount of Each Disbursement this	
Candidate Name	,5	Category/		
Office Sought: House Disbursen	nent For	Туре	<u></u>	<u> </u>
·	Primary General			
President	Other (specify) ▼	ļ		
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
•			Control / Logo 1/ LA CALA	~~~~
Mailing Address	· · · · · · · · · · · · · · · · · · ·			
Otto	Nests 7th Ondo			
City	State Zip Code			
Purpose of Disbursement	i i			
			Amount of Each Disbursement this	
Candidate Name		Category/ Type	سانها المستمه سني شاكست لهد المستكسمية	
Office Sought: House Disbursen	nent For:	1,700		البديم
Senate	Primary General			
President	Other (specify) ▼	ļ		
State: District:				
SUBTOTAL of Disbursements This Page (optional)				7() ()
The same of the sa			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	122
TOTAL This Period (last page this line number only)		······ •		

SCHEDULE C (FEC Form 3X) **LOANS**

PAGE OF Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) LOAN SOURCE Full Name (Last, First, Middle Initial) Election: **Primary** General Mailing Address Other (specify) City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period ron sommer ombre on a monor y Curtified States after a Floor Section Continues ang arajara Jawa ji magara jarang arag arag a Burney of the second of the second Upon <u>an arangan da arangan da arangan</u> da arangan da a لأربان بالمحصية والمستوال والمستوب والمستوال وسيراط والأ **TERMS** Date Incurred Date Due Interest Rate Secured: Sec. Present and the MUMP / DUD / YEYEY TY 10 10 1 % (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 Amount City ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City المستومين والمرازي والمناز المتعارف والمتعارف والمتعارف Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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			rage or scriedule c
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
Think Finance Inc. PAC		C.	005516551
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	Amount of Loan	7- 33- TUT (5)	merest hate (AFA)
N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	<u> </u>
Mailing Address		Mam	/ [D = D] / [Y = Y = Y = Y]
	Date Incurred or Established	<u> </u>	/ NO TO / (Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	Date Due	M 0 M	
A. Has loan been restructured? No Yes	If yes, date originally incurred		/ TOO D / Y V V V V V V
B. If line of credit,	Total		[Feedings Feedings Feedings Feedings Feedings Feedings Feedings Feedings Feedings Feedings
Amount of this Draw:	Balanasi	Ř	
		(www.19.19.5. 11.8	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ea? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the I		What is the	value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	FACTOR O	
No Yes If yes, specify:	Similar traditional collaterar?	L. + C. + 1 + 2	71:01:01:01:01
Too it you, spoony.		Does the le	nder have a perfected security
		interest in it	? No Yes
E. Are any future contributions or tuture receipts of intere			estimated value?
I CONSTRUCTOR TOP ICAN' 1 NO 1 Yes If Yes S			
collateral for the loan? No Yes If yes, s		\\	()
collateral for the loan? No Yes If yes, s		\\	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	\\	()
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		\\	()
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: Address:	\\	
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: Address: City, State, Zip:	2	<u> </u>
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: Address: City, State, Zip: as pledged for this loan, or if the	amount pled	ged does not equal or exceed
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: Address: City, State, Zip: as pledged for this loan, or if the	amount pled ich it assure	ged does not equal or exceed
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: Address: City, State, Zip: as pledged for this loan, or if the	amount pled ich it assure	ged does not equal or exceed
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M	Location of account: Address: City, State, Zip: as pledged for this loan, or if the	amount pled ich it assure	ged does not equal or exceed s repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Walk / Date / Yarray / Date / Yarray / Date	Location of account: Address: City, State, Zip: as pledged for this loan, or if the	amount pled ich it assure	ged does not equal or exceed s repayment.
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: Address: City, State, Zip: as pledged for this loan, or if the was made and the basis on when the state of the	amount pled ich it assure	ged does not equal or exceed s repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Signature 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 te are accurate as stated above.	Location of account: Address: City, State, Zip: as pledged for this loan, or if the was made and the basis on when the basis on when the basis on the basis of the loan and other information.	amount pled ich it assure DATE Marian mation regard	ged does not equal or exceed s repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Mark	Location of account: Address: City, State, Zip: as pledged for this loan, or if the was made and the basis on where the state of the loan and other information of the loan a	amount pled ich it assure DATE Marian nation regard vorable at th	ged does not equal or exceed s repayment. ' D D ' Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date account, state the basis upon which this loan was made on terms and conditions (in similar extensions of credit to other borrowers of this institution is aware of the requirement that	Location of account: Address: City, State, Zip: as pledged for this loan, or if the was made and the basis on when the basis on when the basis on the basis of the loan and other informaticulating interest rate) no more far from parable credit worthiness. a loan must be made on a basis	amount pled ich it assure DATE mation regard vorable at the which assu	ged does not equal or exceed s repayment.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Mark	Location of account: Address: City, State, Zip: as pledged for this loan, or if the was made and the basis on when the basis on when the basis on the basis of the loan and other informaticulating interest rate) no more far from parable credit worthiness. a loan must be made on a basis	amount pled ich it assure DATE mation regard vorable at the which assu	ged does not equal or exceed s repayment.
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: Address: City, State, Zip: as pledged for this loan, or if the was made and the basis on when the basis on when the basis on the basis of the loan and other informaticulating interest rate) no more far from parable credit worthiness. a loan must be made on a basis	amount pled ich it assure DATE nation regard vorable at the which assure this loan. DATE	ged does not equal or exceed s repayment. ' D D ' Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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SCHEDULE D (FEC Form 3X)				PAGE OF		
	•		(Use separate	te Line		
	BTS AND OBLIGATIONS	į	schedule(s) for each	(check only one) 9		
ХC	luding Loans		numbered line)	10		
NΑ	ME OF COMMITTEE (In Full)					
		•				
٦	A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of D	ebt (Purpose):		
	NCM-		1			
	IV / tv					
-	Mailing Address					
ŀ	City State	Zip Code				
-						
	Outstanding Balance Beginning This Period					
}						
	Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period		
	The second secon		12-1-1-2			
	Later and the control of the control	The second secon	=v:-1 hva			
ł	B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):		
ŀ	Mailing Address					
ĺ						
	City State	Zip Code				
ŀ						
	Outstanding Balance Beginning This Period					
I	· · · · · · · · · · · · · · · · · · ·					
١	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
	Live State Same Fram Princip with rest resolved. Fram S					
١	The street contract was the street at the street of the st		ara A Parinaan			
	C. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of D	ebt (Purpose):		
			1			
j	Mailing Address					
						
	City	State Zip Code				
	Outstanding Balance Beginning This Period		<u></u>			
	Landin bir bir dirinda sharin abaaba hada					
			_			
	Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period		
-		The same and the same and the same	[
	The state of the s	Control of the second of the s	and the state of t			
11	SUBTOTALS This Period This Page (optional)		¶ neovero	006		
1)	SUBTUTALS THIS FERIOU THIS FAGE (OPHORAI)					
2)	TOTALS This Period (last page this line numb	er only)	>	000		
31	TOTAL OUTSTANDING LOANS from Schedul	e C. (last nage only)	- 10°	700		
(د	TOTAL OUTSTANDING LOANS HOW SCHEOU	C C (last page Only)				
4)	ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page onl	y) ▶			

SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES			l'a		
EMIZED INDEPENDENT EXPENDITURES				PAGE FOR LINE 2	OF 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			C		ON NUMBER ▼
Check if 24-hour report 48-hour report New rep	port Amends report	t filed on	7 M /	, Gud	
Full Name (Last, First, Middle Initial) of Payee		Date		ا مرم	[<u>* ^* ^* </u>
Mailing Address		Amour	يريط nt	<u>L -aJ</u>	الــمــمــاا
City State	Zip Code				
Purpose of Expenditure	Category/ Type	Office Sough	nt:	House Senate	State:
Name of Federal Candidate Supported or Opposed by Expenditure	e:	Check One:		President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	11 1	Disbursemen	nt For:	Primary	General
Full Name (Last, First, Middle Initial) of Payee	<u>, , , , , , , , , , , , , , , , , , , </u>	Date	, <u>Linco</u>	المما	<u> </u>
Mailing Address		Amou	l		<u></u>
City State	Zip Code				
Purpose of Expenditure C	Category/ Type	Office Sough	ht:	House Senate	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure	е:	Check One:		President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	<u></u>	Disbursemen Of	nt For: [ther (spe	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures		▶ [~~~ ~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	000
(b) SUBTOTAL of Uniternized Independent Expenditures	······	•	_rv	-/	000
(c) TOTAL Independent Expenditures					, D.o.Q
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	s reported herein were red committee or agent of	not made in o	cooperation the repo	on, consulta	ition, or concert is not a political
Styppollul bel	Date	04	13	20	[4-

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(6) ON BEHALE OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES If YES, name the designating committee: Mailing Address City ZIP Code State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code THE WAT ! Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate กละเหมือนที่จะเป็นเกียนที่จะเป็นเป็น ตัวเมริน ตัวเมริน ไ Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type City Zip Code State Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: 00 Presidential Aggregate General Election Expenditure for this Candidate 00 SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).......

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT AUTIVITY 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 Nonconnented 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

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full)	NO CONTRIB	utions or
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT RECU	ored this areter.
Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received methem expenses must equal the federal proportion of monies raised.	•	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a real are allocated using a time/space method.	t derived by federal cand junications or voter drives	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

NONFEDERAL %

FEDERAL %

ACTIVITY OR EVENT IDENTIFIER

Revised

Direct Candidate Support

Same as Previously Reported

ACTIVITY IS:

New

Fundraising

CHECK IF THE RATIO IS:

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

PAGE	OF		
FOR LINE	18a OF	FORM	3 X

IAME OF COMMITTEE (In Full)				
T NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
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BRE	AKDOWN OF TRANSFER RECEIVED			
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ii)	Generic Voter Drive			
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""	Exempt Activities			
iv)	Direct Fundraising (List Activity or Event Iden	ntifier)	·	
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1	b)	Managanapanapanapanapanapanapanapanapanap		
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	c) Total Amount Transferred For Direct Fundra	ising	11	
v)	Direct Candidate Support (List Activity or Ev			
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		Emerthankt mathematican flat for unfamiliar of the second		
	b)		# #	
-	c) Total Amount Transferred For Direct Candid	ate Support		
vi)	Public Communications Referring Only to F	Party (Made by PAC)		
		R BREAKDOWN OF TRANSFER RECEIVE		
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TOTAL	This Period (Generic Voter Drive)	H	The state of the s	
	(2000)			
TOTAL	This Period (Exempt Activities)	<u> </u>		
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IOIAL	This Period (Direct Fundraising)	rand design of the second sec	El contrare l'anti Electrica de l'actività d	
TOTAL	This Period (Direct Candidate Support)			
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TOTAL	This Period (Public Communications Referring	Only to Party)	re er are reelearen er er er er e	
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TOTAL	This Period (Total Amount Transferred)		bata ota granara grana Viinti d	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	:		
FOR LINE	21a C)F	FORM	3X

NA	ME OF COMMITTEE (In Full)		
	NIH		
A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
		<u>-</u>	Administrative Fundraisting Exempt
	Mailing Address		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
	ruipose of Dispulsement.		
	Activity or Event Identifier:	Rate de de	
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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		- Charles and St. Halland	
<u>—</u>	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	Land-	the Court of the Court of the Court of the Court of
		Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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	<u> </u>		Allocated Activity or Event:
C.	Full Name (Last, First, Middle Initial)		
	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:	Ι	Allocated Activity or Event Year-To-Date
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	Activity or Event Identifier:	Padana i	
		Category/ Type	Date / D TO / V Y Y Y
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page	- <u></u>	
	FEDERAL SHARE + NONFEDERAL		= TOTAL AMOUNT
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Tſ	TAL This Period (last page for each line only)(Federal share to 21(a)(i) an		are to 21(a)(ii))
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SCHEDULE H5 (FEC Form 3X)

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

7	To be used by State District	and Local Party Committees Only)	PAGE OF
'		and Local Party Committees Only)	FOR LINE 18b OF FORM 3X
ı	NAME OF COMMITTEE (In Full)		
	NIA		
L	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	NAME OF ACCOUNT	DATE OF HEOE!! I	
			Doo
	BREAKDOWN OF THIS TRANS	SFER	
	i) Voter Registration	VOTER REGISTR	ATION
	Total Amount Transfe	erred for Voter Registration	
		The same of the sa	OTER ID
	ii) Voter ID		
	Total Amount Transfe	erred for Voter ID	<u></u>
	iii) GOTV		GOTV
	,	erred for GOTV	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	lotal Allount Hallolo		<u></u>
	iv) Generic Campaign	Activity	GENERIC CAMPAIGN ACTIVITY
	Total Amount Transfe	arred for Generic Campaign Activity	. ^ _ ^
		Control Contro	
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		[mon / Long] / Landan	
	PREAKROWAL OF THE TRANS		<u></u>
	BREAKDOWN OF THIS TRANS	SPER VOTER REGISTR	MATION
	i) Voter Registration	\[\frac{1}{2} \cdots \cdot \frac{1}{2} \cdot \cdot \cdot \frac{1}{2} \cdot \cdot \cdot \frac{1}{2} \cdot \c	
	Total Amount Transfe	erred for Voter Registration	<u></u>
	ii) Voter ID		OTER ID
	1	erred for Voter ID	
	1		
	iii) GOTV	<u> </u>	GOTV
	Total Amount Transfe	erred for GOTV	
		<u> </u>	GENERIC CAMPAIGN ACTIVITY
	iv) Generic Campaign	- 14)
	lotal Amount Transfe	erred for Generic Campaign Activity	
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١	тот	TALS FOR BREAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
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١	TOTAL This Period (Voter F	Registration)	
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1	TOTAL This Period (Voter II	D)	
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ì	TOTAL This Period (GOTV))	
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	TOTAL This Period (Generic	c Campaign Activity)	
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	TOTAL THE Desired /T and A	and the second of Transfers Described	100 × 100
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1			

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)

PAG	_		UF		
FOR	LINE	30a	OF	FORM	3X

AME OF COMMITTEE (In Full)	
A. 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
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN SHARE	and the first former from the state of the s
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
City State Zip Code Purpose of Disbursement	Category/ Type
FEDERAL SHARE + LEVIN SHARE	
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code Purpose of Disbursement	Category/ Type
FEDERAL SHARE + LEVIN SHARE	
UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE LEVIN SHARE LEVIN SHARE	
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Le FEDERAL SHARE LEVIN SHARE	TOTAL AMOUNT
OTAL This Period for the Levin Share	And the American Council Counc

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)					
NAME OF ACCOUNT					
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)				
	(b) Uniternized				
	(c) Total				
2.	OTHER RECEIPTS		<u> </u>		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	···[
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID(c) GOTV				
	(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $		

SCHEDULE L-A (FEC Form 3X)

PAGE OF Use separate schedule(s)

ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: (check only one) 1a 2
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and addres		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Receipt
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address		MTW / LOUD / TOY VOY
		Amount of Each Receipt this Period
City State	e Zip Code	Provide and manifest in the first interest from the collection of
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
Mailing Address		M-2-M-1 / [-0-0-0-1] / [-0-0-0-0-1]
		Amount of Each Receipt this Period
City State	e Zip Code	The see seen as known as a simple
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
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Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
Mailing Address		
City State	e Zip Code	Amount of Each Receipt this Period
·	Zip Code	
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
SUBTOTAL of Receipts This Page (optional)		D.00
TOTAL This Period (last page this line number only)	•	, , , , , , , , , , , , , , , , , , ,

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one)

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and addre		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name		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 3.		Date of Disbursement
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Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		Level Level Level
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name 1.		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		Date of Disbursement
Mailing Address		La Band Lace
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)		000
TOTAL This Period (last page this line number only)		[000



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 4/11/14 Overnight Delivery Service (Specify): Fed Ex Next Business Day Delivery | V **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):

4/18/14

DATE PREPARED

PREPARER (8/2013)