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RECEIVED
SECRETARY OF THE SENATE
PUBLIC RELEADS

FEC FORM 3X	AN	PORTO DISBU	JRSE	PTS TENTS Committee	s		P8 P	H 3: 17	
1. NAME OF COMMITTEE (in		OR PRINT V		mple: If typin r the lines.	g, type	12FE4M	[5]	
S O N N Y ' S	······	C H I S E	C O M P	A N Y P	OLIT	ICAL	ACT	r, i, o, n,	
	12.	0 ₁ 1, N ₁ 0,R ₁	T H N	 E_W, \Y,O	R K A		 	SE I	
ADDRESS (number and	[3,	R _I D _I F _I L _I O _I	O R		1111			1 1/00 1	도등
Check if different than previous reported. (AC	sly	I,N,T,E,R,	PARK	1.1 1.1.		F L	3 2 7	819 1	555 490
2. FEC IDENTIFICA	ATION NUMBE	R ▼	CITY ▲		S	STATE A	Z	IP CO <u>ĎE</u> 🛦	
C 0 0 4 5	5 4 4 6 2]	3. IS THIS REPORT		IEW N) OR	A (A	MENDED		
4. TYPE OF REP	ORT (b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov	20 (M11) Election —
(a) Quarterly Rep	oorts:	Due On:	Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec	20 (M12) Election
April 15			Apr 20 (M4)		lul 20 (M7)	Oct	20 (M10)	— 1	31 (YE)
July 15	Report (Q1)	(c) 12-Day PRE-Election		Primary (12P) [General	(12G)		off (12R)
October	/ Report (Q2) 15 / Report (Q3)	Report for t	he:	Convention (12C)	Special	(128)	-	FI S
January		E	Election on	M - M /	D B /	 	1	in the State of	
July 31 I	Mid-Year Non-election	(d) 30-Day POST-Elect		General (300	i) [Runoff	(30R)	Spe	cial (30S)
Terminat (TER)	ion Report	·	Election on	M • M /	0 • 0 /	Y		in the State of	
5. Covering Period	0 4	1 5 / 2 0	1 5	through	0 7	1 5 5	2 0	1 5	
I certify that I have ex Type or Print Name o		port and to the be	•	wledge and t	pelief it is tru	e, correct ar	nd complete).	
Type of Time Name o	- Medicarer	?. ()	.11	1			M / F3		
Signature of Treasure	13	Vereda	1// [0]	ary	D	ate 0	8 0	5 2	0 1 5
NOTE: Submission of f	alse, erroneous,	or incomplete infor	mation may s	ubject the pers	son signing th	is Report to	the penalties	s of 52 U.S.	C. § 3010
Office Use Only						· ·		FORM : v. 12/2004	3X

20-15 : 09 : 09 : 0M : 0002-8M0

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Polehoal Ochen Cammittee From: Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period...... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

	FEC Form 3X (Rev. 06/2004)	- Troodpto	Page 3
W	rite or Type Committee Name		
	Samuel Pagadia	Chinas Political	achar Committee
_	Journey Franchese	Chipay toward	200har Countee
R	eport Covering the Period: From:	9 15 1 2015 T	o: 07' (5' 2015
	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)		
	(ii) I Initomia od		
	(ii) Unitemized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		<u></u>
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶		
12	Transfers From Affiliated/Other		
,	Party Committees		
	· · · · · · · · · · · · · · · · · · ·		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
16	(Carry Totals to Line 37, page 5)		
10.	to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
	(c) Total Transiers (add Tota) and Tota)		
19.	Total Receipts (add Lines 11(d),		
•	12, 13, 14, 15, 16, 17, and 18(c))▶		8
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶		

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	or Dispursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		Calcinual Teal-to-Date
	(ii) Alon Endoral Chara		
	(ii) Non-Federal Share(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures		
22	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
	Independent Expenditures		
25.	(use Schedule E)		
	(use scriedule F)		
26.	Loan Repayments Made		
	Loans MadeRefunds of Contributions To:		
, 20 .	(a) Individuals/Persons Other Than Political Committees	5)2	473 4 433 4 433
	(b) Political Party Committees		
	(c) Other Political Committees	474	45
	(such as PACs)		
	(d) Total Contribution Refunds	· · · · · · · · · · · · · · · · · · ·	
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		47
30.	Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity)	
	(from Schedule H6) (i) Federal Share		
	(i) i odoral onare		
	(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))		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7 7	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003

irsements

FEC Form 3X (Rev. 02/2003)		Page 5
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)		
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))▶		1
37. Offsets to Operating Expenditures		
(from Line 15, page 3)		, , , , , , , , , , , , , , , , , , , ,
, , ,		
38. Net Operating Expenditures		
(subtract Line 37 from Line 36)		

~		i		
	CHÉDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
ľ	EMIZED RECEIPTS		for each category of the	11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	ny information copied from such Reports and State			
or	for commercial purposes, other than using the na	ame and a	ddress of any political committee	to solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)	Λ	D. 1	0000
V	Sommy Franchise	4971	ipani Potica	l acken Committee
_	Full Name (Last, First, Middle Initial)		1	
A.	Mailing Address			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y Y Y
	City	State	Zip Code	
			·	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	•		_ 	
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General	Aggregate	Teal to Bate V	
	Other (specify) ▼	ــــــ		
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			Mam / Dag / Asabaa
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee.			(1)
	Name of Employer	Occupation	1	
	Receipt For:	Accrecate	Year-to-Date ▼	-
	Primary General	Aggregate	Tour to Butto V	
	Other (specify)		<u></u>	
-	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address		,	Mam / Bab / Askada
	City	State	Zip Code	│ └ └ └
			<u> </u>	Amount of Each Receipt this Period
	FEC ID number of contributing	C	• • • • • • •	
	federal political committee.			
	Name of Employer	Occupation	1	7
	Receipt For:	A may c == t :	Voor to Data 🗷	\dashv
	Primary General	Aggregate	Year-to-Date ▼	. 1
	Other (specify) ▼		()3	
_			-	
,	SUBTOTAL of Receipts This Page (optional)			Ô

TOTAL 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 N (check only of 21b	· · · · · · · · · · · · · · · · · · ·
Any information copied from such Reports and Statem		by any persor	for the purpose of soliciting contributions
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Some Functions	0 0	tu (Ca	100
Full Name (Last, First, Middle Initial) A.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	[Amount of Each Disbursement this Period
Candidate Name		Category/ Type	(1)
President	nent For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
В.	<u>.</u>		Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	[Amount of Each Disbursement this Period
Candidate Name	-	Category/ Type	(1)
	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M M / D D / Y V Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President State: District:	nent For: Primary General Other (specify)	-3,5-2	
SUBTOTAL of Disbursements This Page (optional)			6
TOTAL This Period (last page this line number only)		 _	

ANS 		Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 33
ME OF COMMITTEE (In Full) SHAWO FMAN	hise Cong	our Potitical achar Comm
LOAN SOURCE Full Name (Last, F Mailing Address	irst, Middle Initial)	Election: Primary General Other (specify)
City		Code
Original Amount of Loan	Cumulative Paymen	Balance Outstanding at Close of This Po
TERMS		
Date Incurred Date Incurred	Date I	Due Interest Rate Secured: % (apr) Yes
List All Endorsers or Guarantors (i	f any) to Loan Source	
List All Endorsers or Guarantors (i	f any) to Loan Source	% (apr) Yes
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In Mailing Address	f any) to Loan Source	Name of Employer Occupation Amount Guaranteed Outstanding:
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In Mailing Address	f any) to Loan Source itial) State ZIP Code	Name of Employer Occupation Amount Guaranteed
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In Mailing Address City	f any) to Loan Source itial) State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In Mailing Address City 2. Full Name (Last, First, Middle Init Mailing Address	f any) to Loan Source itial) State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In Mailing Address City 2. Full Name (Last, First, Middle Init Mailing Address	f any) to Loan Source itial) State ZIP Code State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed

SUBTOTALS This Period This Page (optional)	<u> </u>	-12		{	2
TOTALS This Period (last page in this line only)		 	 -	•	1

Guaranteed Outstanding:

Occupation

Guaranteed Outstanding:

Amount

Name of Employer

State

State

ZIP Code

ZIP Code

City

City

Mailing Address

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

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)

toraumg			Humbered line)	10
IAME OF C	OMMITTEE (In Full)	el Co Pohtcal	Palace	Court HAD
A. Full N	Name (Last) First, Middle Initial) of De			Debt (Purpose):
	, , ,			
Mailing A	address			· ·
City	State	Zip Code		
Outsta	inding Balance Beginning This Period		·	
	1 (1) 1 (2) 1 (3)			
	Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	A (1) A (2) A (2) A (2) A (2)			
B. Full N	lame (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of	Debt (Purpose):
Mailing A	Address			
City	State	Zip Code		
	Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
C. Full	Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature of	Debt (Purpose):
Mailing A	Address			
City		State Zip Code		
Outsta	anding Balance Beginning This Period		-	
	Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
1) SUBTO	TALS This Period This Page (options	al)	> []	
2) TOTAL	S This Period (last page this line num	nber only)		
3) TOTAL	OUTSTANDING LOANS from Sched	dule C (last page only)		
4) ADD 2)	and 3) and carry forward to appropr	riate line of Summary Page (last page of	only) ▶	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) acum FEC IDENTIFICATION NUMBER ▼ uchere Conpus Policea 24-hour report 48-hour report New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination Mailing Address **Amount** City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Office Sought: Support House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination 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: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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 FEDER	AL OFFICE		PAGE OF
(To t	e used only by	Political Committees in the	ne General Election)	FOR LINE 25 OF FORM 3
YE OF COMMITTEE (In Full) Your comflittee been designated to make the complete state of	9 1 1	Dutal Ach	a Courtes	Check if 24-hour notice
YES NO S, name the designating committee:	Ma	iling Address		
to, name the designating committee.				
	Cit	у	Sta	ate ZIP Code
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	enditure
				Category
Mailing Address			Date	Туре
Dity	State	Zip Code	ا السعيا ا	BBB / YBYBYBY
Name of Federal Candidate Supported	Office Sought:	House State:		<u></u>
	Onice Sought.	Senate District:	Amount	
		Presidential		<u> </u>
Aggregate General Election Expenditure for this Candidate ▶	77	77		
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	enditure
				Category
Mailing Address				Type
City	State	Zip Code	Date	0 • D / Y • Y • Y
Name of Federal Candidate Supported	0# 0			
Name of Federal Campidate Supported	Office Sought:	House State: -	Amount	
		Presidential		
Aggregate General Election Expenditure for this Candidate ▶		- 7- 1 - 2- 1		
Full Name (Last, First, Middle Initial) of	Each Pavee		Purpose of Exp	penditure
				Category
Mailing Address			Date	Туре
City	State	Zip Code	M T M /	D D / Y D Y D Y D Y
				_ 1 _ 1
Name of Federal Candidate Supported	Office Sought:	House State:	Amount	
Name of Federal Candidate Supported	Office Sought:	Senate District:	Amount	
· · · · · · · · · · · · · · · · · · ·	Office Sought:		Amount	
Aggregate General Election	Office Sought:	Senate District:	Amount	
Name of Federal Candidate Supported Aggregate General Election Expenditure for this Candidate	Office Sought:	Senate District:	Amount	
Aggregate General Election	7	Senate District: Presidential	7	

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 C	COMMITTEE (In Full)
	USE ONLY ONE SECTION, A or B
A. St	tate 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. S	eparate 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 Dublic Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

RLLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full) Source Filenchese Co Poletrea Mahay and	aties
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	
Methods of allocation:	
 FUNDRAISING activities are allocated using the "funds received method" where the federal expenses must equal the federal proportion of monies raised. 	proportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expect where the federal proportion of disbursements is based on the benefit derived by federal ca tivity. For PACs Only: Direct candidate support includes public communications or voter driv federal and nonfederal candidates, regardless of whether there is a reference to a political are allocated using a time/space method.	indidates from the ac- ves that refer to both
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	% %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS: Fundraising Direct Candidate Support	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: 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

ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	00 C 15
	Mar Canuto
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
	i
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 RECEIVE	ט -
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL THIS PERIOD (GENERIC VOICE DIVE)	
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)	

· SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED

FE	DERAL/NONFEDERAL ACTIVITY			FOR LINE 21a OF FORM 3X
NA	ME OF COMMITTEE (In FUII) MULTIPLE (IN FUII)	Co Pol	teal	acker Consuttee
A.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City State	e 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/	LMAMA \ Laaba \ \ Laababababababababababababababababababa
			Туре	Date
	FEDERAL SHARE +	NONFEDERAL	. SHARE	= TOTAL AMOUNT
			حادث عداست	
В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State	te Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		<u> </u>	
			Category/ Type	Date Date
	FEDERAL SHARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT
C.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City State	te Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		لسسا	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		Category/	
		_	Туре	Date
	FEDERAL SHARE +	NONFEDERAL	SHARE	TOTAL AMOUNT
SI	UBTOTAL of Allocated Federal and NonFederal Activity		OUADE	TOTAL AMOUNT
	FEDERAL SHARE +	NONFEDERAL	. SHARE	= TOTAL AMOUNT
T	OTAL This Period (last page for each line only)(Federa	al share to 21(a)(i) an	d NonFederal si	hare to 21(a)(ii))
	FEDERAL SHARE	NONFEDERAL		TOTAL AMOUNT
		<u> </u>		

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)

(To be used by State, District and Local Party Committees Only)	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full) Sauled Flanchese Co Palitecel a	char Camb
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGISTRA	ATION
Total Amount Transferred for Voter Registration	DTER ID
ii) Voter ID Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	OSTUFPIO CAMPAGNI ACTIVITI
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
M M / D D / V V V V V	
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration Total Amount Transferred for Voter Registration	ATION
ii) Voter ID	OTER ID
Total Amount Transferred for Voter ID	1-m_1-1-M-1-1
iii) GOTV	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 (La	ast rage Unly)
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	47)
TOTAL This Period (Total Amount of Transfers Received)	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE	OF	1	
FOR LINE	30a OF	FORM	ЗΧ

NAME OF COMMITTEE (In Full)	0,000	
Some Flanchest Compadel	totetal achus Cumullo	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOT	,
	Voter Registration GOT Voter ID Generic Cam	
Mailing Address	Allocated Activity or Event Year-To-Date	7
City State Zip Code		_
Purpose of Disbursement	Category/ Type Date	
FEDERAL SHARE + LE	EVIN SHARE = TOTAL AMOUNT	
		7
D. Foll Name of the A. First Middle Laws N. C. S. Commission and	Type of Allocated Activity or Event:	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter Registration GOT	V
	Voter ID Generic Carr	npaign
Mailing Address	Allocated Activity or Event Year-To-Date	,
waning Address		7
City State Zip Code		
Purpose of Disbursement	Cotocon/	
	Category/ Date	<u></u>
FEDERAL SHARE + LE	EVIN SHARE = TOTAL AMOUNT	
C. Full Name / Last First Middle Initially / Full Organization Name	Type of Allocated Activity or Event:	<u> </u>
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter Registration GOT	·v
	Voter ID Generic Carr	npaign
Mailing Address	Allocated Activity or Event Year-To-Date	;
		7
City State Zip Code		<u> </u>
Purpose of Disbursement	Category/ Date	
	Туре	<u> </u>
FEDERAL SHARE . + LE	EVIN SHARE = TOTAL AMOUNT	اسر
SUBTOTAL of Shared Federal and Levin Activity This Page		
•	EVIN SHARE = TOTAL AMOUNT	
		\Box
TOTAL This Period (last page for each line only)(Federal share to 30	D(a)(i) and Levin share to 30(a)(ii))	ليين
FEDERAL SHARE TOTAL AMOUNT		
1F	EVIN SHARE	
TOTAL This Period for the Levin Share		

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME	OF COMMITTEE (In Full)	of Contract of	Adi Oc. A.
NAME	OF ACCOUNT /	se Company Policas C	leyer Umula
INAIVIL	OF ACCOUNT ()	' 🔾	K _E .
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized		
	(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign	2)	
	(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		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

COUEDINE! A /CEC Form 2V)		15105 05 1
SCHEDULE L-A (FEC Form 3X) TEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full) Full Name (Last, Fifst, Middle Initial) / Full Organization Name	Jones Polical	achiem Canata
A.	, ,	Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Name of Employer or Principal Place of Business	Zip Code	
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
3. 		M M / D D / Y Y Y Y Y
Mailing Address City State	e Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address	·	Amount of Each Receipt this Period
City State	e Zip Code	
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
D		Maw / Dab / Yayayay
Mailing Address		Amount of Each Receipt this Period
City State Name of Employer or Principal Place of Business	e Zip Code	9) (2)
Occupation		Aggregate Year-to-Date
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)

TE

OR LINE NUMBER	PAG	iE [OF [
check only one) -	_	_	
_	4a	4c	5
	4b	4d	

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	(check only one) 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)	Day Polical	
A	* <i>J</i>	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam B.	e	Date of Disbursement
Mailing Address		M T M / D D / Y T Y T Y
City State	. Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam C.	ne	Date of Disbursement
Mailing Address	<u> </u>	M = M / D = D / Y = Y = Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		-6

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Federal Election Con ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 8/27/15	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office .
Received from Senate Public Records Office	Date of Receipt e
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
A.	9/9/15
PREPARER (3/2015)	DATE PREPARED
,	·