2016 - 07 - 12 - 03 - 00081845

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED REC MAIL CENTER

2016 JUL 25e AM 10: 27

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing r the lines.	ı, type	12FE4M	5	
COMMITTEE	AGAIUST	SANCT	MON	1005	HOU	56-ME	mbers
<u> </u>	00 80 4						
ADDRESS (number and street)	PO BOX	14	1111				
Check if different than previously reported. (ACC)	MONTICE	110			ŦV (47960	
2. FEC IDENTIFICATION N	IUMBER ▼	CITY	·····	s	TATE 	ZIP C	ODE A
070000	7.7	3. IS THIS REPORT	NE (N)	OR	X AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	Ma	ay 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Ju	n 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Ju	1 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report (July 15	(C) 12-Day		Primary (12P)		General	(12G)	Runoff (12R)
Quarterly Report (October 15	(Q2) PRE-Election Report for		Convention (12	2C)	Special (12S)	
Quarterly Report ((Q3)		M M /	D D / V	<u> </u>	in the	لحما
Year-End Report ((YE)	Election on	<u> </u>			State	of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d) 30-Day POST-Elec Report for	· L.	General (30G)		Runoff (3	OR)	Special (30S)
Termination Repor		Election on	M** M /	ַ לְּיִים לְּיִים לְּיִים לְּיִים לְיִים	* * * * * * * * * * * * * * * * * * *	in the State	5 8
5. Covering Period C	7 01 7	576	through	69	' 81 '	2016	
I certify that I have examined t			=	lief it is true	, correct and	d complete.	
Type or Print Name of Treasur	er Dyvin	CRIE	Sep_	·			
Signature of Treasurer				Da	te 0.7	් වීවී	2016
NOTE: Submission of false, erro	neous racomplete info	rmation may su	bject the perso	n signing this	s Report to th	ne penalties of 5	2 U.S.C. § 30109.
Office Use						FEC FOI	

2016-07-112-0M-0000-1056-

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

•	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name		
	Report Covering the Period: From:	0.1 0.1 2076 To: 09	101 ZO16
		COLUMN A This Period Cal	COLUMN B endar Year-to-Date
6.	(a) Cash on Hand January 1,		, <u>, , , , , , , , , , , , , , , , , , </u>
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	0.0.0	5.0.0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	000	7
- 7.	Total Disbursements (from Line 31)	0.00	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	,
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	
ACTUAL DESCRIPTION	This committee has qualified as a mul	icandidate 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	

2016-07-12-05-00081817

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name



FEC Form 3X (Rev. 02/2003)

Report Covering the Period:

From:

11.05 100 11.0

To:

	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) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees		
	Other Federal Receipts (Dividends, Interest, etc.)	273 273 273 273 273 273 273 273 273 273	
10.	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		,
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	472	212 A 213 A 2 3
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶		

(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements Page 4 FEC Form 3X (Rev. 02/2003) **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees... Independent Expenditures 26. Loan Repayments Made..... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........▶ 29. Other Disbursements 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ... 32. Total Federal Disbursements

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003)

	1 20 1 01 11 4X (1101. 0222000)		, ugo u
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)	र्वे स्वापन्तिका प्रविधानस्त्रविकारमञ्जेत्तास्त्रविकारस्तिका अस्ति स्वापन्तिकारस्ति कार्यातीकार स्व	
34	(from Line 11(d), page 3) 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)	And the American American	
38.	Net Operating Expenditures		
	(subtract Line 37 from Line 36)	The state of the s	

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В.

City

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing federal political committee.

General

General

State

State

State

ommitted

Mailing Address

Name of Employer

Primary

Mailing Address

Name of Employer

Primary

Mailing Address

City

Other (specify) >

FEC ID number of contributing federal political committee.

Full Name (Last, First, Middle Initial)

Receipt For:

Other (specify) ▼

FEC ID number of contributing federal political committee.

Full Name (Last, First, Middle Initial)

Receipt For:

City

FOR LINE NUMBER: OF PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c Detailed Summary Page 13 15 14 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. House-Members swotimonious Date of Receipt Zip Code Amount of Each Receipt this Period Occupation Memo Item Aggregate Year-to-Date ▼ Date of Receipt Zip Code Amount of Each Receipt this Period Occupation Memo Item Aggregate Year-to-Date ▼ Date of Receipt

Zip Code

Amount of Each Receipt this Period

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	one)		DF
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 28c 29	26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
/ Committee Against	SANCTIMONIOS	15 /	use-Men	bers	
Full Name (Last, First, Middle I hi tial) A.			Date of Disburse		
····	· · · · · · · · · · · · · · · · · · ·		M V M / 6 7		Ÿ
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of Foot	Disharas as at this	D
Candidate Name		Category/	Amount of Each	Disbursement this	Period
Office Sought: House Disbursem	nent For:	Туре		and and Thursday of the St.	
<u></u>	Primary General		Memo Item		
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial) B.			Date of Dishuras		· · · · · · · · · · · · · · · · · · ·
			Date of Disburse	o / Y TYTY	77
Mailing Address					
City	itate Zip Code				
Purpose of Disbursement			Amount of Each	Disharas sa a Albia	S
Candidate Name		Category/	Amount of Each	Disbursement this I	erioa
Office Sought: House Dishursem		Type	(1)2_1	- 1-70	
	Primary General		Memo Item		
President Oistrict:	Other (specify)	j			
Full Name (Last, First, Middle Initial)					
C.			Date of Disburser	ment	
Mailing Address			M M / D		Ŷ
City	tate Zip Code				
Purpose of Disbursement					
Candidate Name		Category/		Disbursement this f	
Office Sought: House Disbursem		Type		males of the second	
Senate	Primary General		Memo Item		
State: President	Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only).		······ >	in the partie of the state of		

SCHEDULE C	(FEC	Form	3X)
LOANS			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

_		Detailed Summary Page	TOTALINE 13 OF FORW 3X
ME OF COMMITTEE (In Full)			4
Committee Again	UST SLUX	Timoniais	house-Members
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item [Election:
		-	Primary General
Mailing Address			Other (specify) ▼
City	State ZIP Coo		
Original Amount of Loan	Cumulative Payment To		e Outstanding at Close of This Period
TERMS Date Incurred	Date Due	Interest Rate	Secured:
MEM / DED / YEYEY			% (apr) Yes No
List All Endorsers or Guarantors (if any) to	o Loan Source	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)		Name of Employer	
		Occupation	
Mailing Address		Occupation	
	ŀ	Amount	earthur afternature Security and the second
City State	ZIP Code	Guaranteed Outstanding:	and make the said and a said and a said and a said and a said a said and a said a said a said a said a said a
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:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	}	Amount	
City State	ZIP Code	Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional).		·····	
OTALS This Period (last page in this line only	/)		al an and successful and successful and the success
arry outstanding balance only to LINE 3, Sch	nedule D, for this line. If r	no Schedule D, carry forwar	rd 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 Con	nmission, Washington, D.C. 20463			Page or Schedule C
NAME OF COMMIT	TEE (In Full)	····	FFC	C IDENTIFICATION NUMBER
		· 11 A		000000
Committee	Against Suction	nallækot 2010 uar	bers L	0.00096.11
LENDING INSTITUT		Amount of Loan		Interest Rate (APR)
Full Name			-	
				%
Mailing Address			МЕМ	/ DID / YBYIYBY
		Date Incurred or Established		
City	State Zip Code	Date Due	M	/
	·			
A. Has loan be	en restructured? No Yes	If yes, date originally incurre	ed M	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
B. If line of cred	dit,	Total		
Amount of th	1	Outstanding Balance:		
C. Are other pa	arties secondarily liable for the debt inc	urred?		
No	<u> </u>	must be reported on Schedule C.		
	he following pledged as collateral for the following pledged as collateral for the following the following pledged in the following pledged as collateral for the		What is the	value of this collateral?
	unts receivable, cash on deposit, or ot			
☐ No [Yes If yes, specify:		التسميليسية	
				ender have a perfected security
F Are any futur	re contributions or future receipts of inf	terest income pledged as	interest in it	
collateral for		s, specify:		estimated value?
			, , , , , , , , , , , , , , , , , , ,	And the state of t
	account must be established pursuant 00.82(e)(2) and 100.142(e)(2).	Location of account:		
Date	account established:	Address:		
M ×	M / DND / YEVYYEY	City, State, Zip:		
- Lunda				
	the types of collateral described above bunt, state the basis upon which this lo			
G. COMMITTEE	TREASURER		DATE	
Typed Name			DAIL	/ ************************************
Signature				
			(A)	
	ned copy of the loan agreement.			
I. To the	NED BY THE LENDING INSTITUTION best of this institution's knowledge, the curate as stated above.		mation regard	ling the extension of the loan
II. The loa	an was made on terms and conditions	(including interest rate) no more fa	avorable at the	e time than those imposed for
III. This ins	extensions of credit to other borrowers stitution is aware of the requirement the	at a loan must be made on a basi		res repayment, and has
complie AUTHORIZED REPR	ed with the requirements set forth at 11	CFH 100.82 and 100.142 in mak		
Typed Name	LOCATATIVE		DATE	
Signature	T	Title	The second of	\ _DO_________\
				bearing bearings and

2016:07:12:05:00081854

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER:

(check only one)

NAME OF COMMITTEE (IN FUII) COMMITTEE JGAINST SANCTIMONIOS	s Ilicoma heed
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	-,L
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	erroraleumaluses? Servilles en lance "This en la servilles es ser la pena
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ΙΤΕ	EMIZED INDEPENDENT EXPEN	DITURES					PAGE FOR LINE	OF 24 OF FORM 3X
N/	AME OF COMMITTEE (In Full)	.,				FEC I	DENTIFICAT	ON NUMBER 🗆
	Committee ASTILLET	SANOTI MOLVO	is A	USE-ME	mbei	5 0	<i>50 (</i>)	9677
CH	eck if 24-hour report 48-hour	W	F	Amends repo		M	/ D D /	Y 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
•	Full Name of Payee			☐ Memo	Item			/Dissemination
	Mailing Address					ММ	/ D 4 O /	Y
						Amount		
	City	State	Zip Code			1 1		
	Purpose of Expenditure		Categor Typ			Date of Disb	oursement or	Obligation
	Name of Federal Candidate			Support	Office	Sought:	House	District:
				Oppose	F	President [Senate	State:
	Calendar Year-To-Date Per Election for Office Sought)			Disburs [sement For: Other (s	Priman pecify) □	y General
	Full Name of Payee			☐ Memo	Item	Date of Pub	lic Distribution	n/Dissemination
	Mailing Address					- MM-	/ D D /	Y Y Y Y Y Y
	ividility Address					Amount		
	City	State	Zip Code					
						Date of Dist	oursement or	Obligation
	Purpose of Expenditure		Categor Typ			M	/ D D /	*******
	Name of Federal Candidate			Support	Office	Sought:	House	District:
				Oppose	LJ	President	Senate	State:
	Calendar Year-To-Date Per Election for Office Sought				Disburs	sement For: Other (s	Primar Decify) 🗆	y General
	(a) CUDTOTAL of Hamilton Indonesia	Cupanditures			ſ			
	(a) SUBTOTAL of Itemized Independent	Expenditures		***************************************		- 1 - 1;	under und en eine	of annihimation of the second
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures				-1	· · · · · · · · · · · · · · · · · · ·	
	(c) TOTAL Independent Expenditures				. 🗆 🖼	8872		
	Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized						
	Signature		_	Date	M	/ / D D	/ 777	

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

ON BEHALF OF CANDIDATES FOR FED	ERAL OFFICE	PAG	GE OF
(To be used only	by Political Committees in the Gen	eral Election) FOF	R LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) Committee AAINST SALVITM	oniois House-Mem	bers [Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee		**
If YES, name the designating committee:	Mailing Address		
	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditu	Category/
Mailing Address		Date	Туре
City State	Zip Code	Mam / Dad	/
Name of Federal Candidate Supported Office Sough	nt: House State: Senate District:	Amount	
	Presidential District.	4 473	A_5 2_
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditu	Category/
Mailing Address		Date	Туре
City State	Zip Code	MPM / D CD	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Federal Candidate Supported Office Sough	tt: House State: District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Fresuerita	Comment of the Commen	
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure	Category/
Mailing Address		Date	Туре
City State	Zip Code	M M / D D	/ 7 7 7 7 7 7
Name of Federal Candidate Supported Office Sough	Senate District:	Amount	
Aggregate General Election Expenditure for this Candidate			
SUBTOTAL of Expenditures This Page (optional)	<u> </u>		The state of the s
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 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)		
Committee Against Sanctimonioss Housemembers		
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)	• /1	MA .
Committee AS+INST Souct, MON	11015 HOUSE	-Members
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pr	oportion of
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 comm federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	it derived by federal cand nunications or voter drives	lidates from the ac-
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	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	EEDERAL OV	NONECEDEDAL
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:	FEDERAL %	NONFEDERAL %
New Revised Same as Previously Reported		

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

TRANSFERS FROM NONFEDERAL ACCOUNTS FOR	PAGE OF
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	
Committee Agrust Suctimonious	House_Members
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Mam / Dao / Arakara	
landing bushesi books and	
BREAKDOWN OF TRANSFER RECEIVED	taur allemanter antiere
i) Total Administrative	
ii) Generic Voter Drive	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a)	
	7
b)	J
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
bleet callulate support (List Activity of Event Identifier)	_
a)	
here also mediane here also mediane the continue to the contin	- -
b)	J
c) Total Amount Transferred For Direct Candidate Support	
, , , , , , , , , , , , , , , , , , ,	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	ED .
Total This Decise (Administration)	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
	market and market frame from the
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 FEDERAL/NONFEDERAL ACTIVITY

PAGI		С	F		
L					
EOB	LINE	212	OF	FORM	3 Y

- N	AME OF COMMITTEE (In Full)				FOR LINE 21a OF FORM 3X
INA	Committee Agains	T Gu	CTI MOSI	1016	us-Members
Ā.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address			i.	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
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			573		
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Voter Drive Direct Candidate Support
	City	State	Zip Code	_	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				THEOLOGICAL TO SUIT OF THE SUI
	Activity or Event Identifier:			Catagony	Many / Darol / Arthrey
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
			57a-da-da-57a		
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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:			г	Allocated Activity or Event Year-To-Date
	ruipose of Disputsement.				5).
	Activity or Event Identifier:			Category/	WWW / DWD / YYYYY
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			and the same of th		
	band of the band o	Screen Screen Con-			The selection of the se
Sl	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	Page NONFEDERAL	SHARE	= TOTAL AMOUNT
				7 6 cm s	
TC	OTAL This Period (last page for each line only)	(Federal sha	re to 21(a)(i) and	l NonFederal sha	are to 21(a)(ii))
	FEDERAL SHARE	- Andrewson	NONFEDERAL	SHARE	TOTAL AMOUNT
	Transition Service 12 Barrell marsh mar 12 medium at mar Tamerll mars			adaminati	must be a second

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE		C	F		
FOR	LINE	18b	OF	FORM	3X
<u></u>		h	n G) e	

NAME OF COMMITTEE (In Full) Committee 4541	NST SALCTIMONIA	> Worse. Members
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	Land / Darb / Varyana	
BREAKDOWN OF THIS TRANSFER	VOTED DECIG	TRATION
i) Voter Registration	VOTER REGIST	HAIION
Total Amount Transferred for Vote	er Registration	NOTED ID
ii) Voter ID		VOTER ID
Total Amount Transferred for Vote	er ID	
iii) GOTV	· ·	GOTV
Total Amount Transferred for GOT	TV	arran () yangan () y
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gen	eric Campaign Activity	
		· · · · · · · · · · · · · · · · · · ·
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vote	er Registration	
ii) Voter ID	Activities Continued in Continu	VOTER ID
Total Amount Transferred for Vote	er ID	
iii) GOTV		GOTV
Total Amount Transferred for GOT	rv	
	to the second se	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Gen	eric Campaign Activity	
		and and the state of the state
TOTALS FOR BE	REAKDOWN OF TRANSFER RECEIVED (Last Page Only)
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter ID)		
•	12 - L	
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaign	Activity)	
TOTAL This Period (Total Amount of Train	nsfers 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 OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full) Committee AssinST	Sanctimoni	ious Housemembers
A. Full Name (Last, First, Middle Initial) / Full Organiza		o Item Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
Purpose of Disbursement	Categ	ory/ Date
FEDERAL SHARE +	LEVIN SHARE	e = TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organiza	tion Name Mem	Tue of Allegated Activity of Supply
		Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State 2 Purpose of Disbursement	ip Code Categ	
FEDERAL SHARE +	LEVIN SHARE	e = TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organiza	tion Name	o Item Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address City State 2	(in Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement	Categray	ory/ Date
FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Pag FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT
	share to 30(a)(i) and Levin sh	
FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share	LEVIN SHARE	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	TE OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	· 11 m
NAM	IE OF ACCOUNT	THE AGAINST SANO	monious House Members
<u> </u>		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(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)		carred annual description of the second annual description of the

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

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

PAGE

OF

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) atimonious House Members Committee Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Α. 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:	PAG	iE_	OF
(check only one)			
<u> </u>	4a	4c	5
<u></u> .	4b	4d	

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Comonities	ASMINIST SANOT	rmoniose Hase Members
Full Name (Last, First, Middle Initial) / Full Organization Na A.	ame	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 Na	ame	Date of Disbursement
Mailing Address		/ _ D
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na C.	ame	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 Na	ame	Date of Disbursement
Mailing Address		M M / O O / V V V V V
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	ame	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		march march march and con it makes the march and
SUBTOTAL of Disbursements This Page (optional)	•	
TOTAL This Period (last page this line number only)		The second of th

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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.

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USPS First Class Mail	7/12/16 Pastmarked (P(C)
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 Busi	ness Day Delivery
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
Other (Specify):	of Receipt or Postmarked
	7/12/16
PREPARER (3/2015)	DATE PREPARED