Image# 14952961864					PAGE 1 / 12
	EPORT OF R ND DISBURS Other Than An Autho	EMENT	s		
	PE OR PRINT V	Example: If typi	ng, type	12FE4M5	Office Use Only
		over the lines.			
ADDRESS (number and street)	600 K STREET NW SUITE 60)1			
Check if different					
than previously reported. (ACC)	WASHINGTON			DC	20006
2. FEC IDENTIFICATION NUME	BER V CITY	•	S	TATE 🔺	ZIP CODE
C C00194225	3. IS T REF	~ /	NEW N) OR	AM (A)	ENDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) 	(b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: Election of	(M3) (M4) Primary (12F Convention (Sep 2	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	K General (300	G)	Runoff (3	DR) Special (30S)
Termination Report (TER)	Election of	on 11	04 /	2014	in the State of
5. Covering Period 10	/ D D / Y Y Y Y Y 16 2014	through	M M 11	/ D D / 24	2014
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of my	y knowledge and	oeliet it is true	e, correct and	complete.
Signature of Treasurer		[Electronicall	y Filed] Da	ate 12	/ D D / Y Y Y Y 04 2014
NOTE: Submission of false, erroneous	s, or incomplete information n	nay subject the per	son signing thi	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

12/04/2014 19 : 30

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

ARAB AMERICAN LEADERSHIP COUNCIL PAC

R	Report Covering the Period: From:	0 / 16 / Y Y Y Y 2014 To	b: 11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		2656.29
	(b) Cash on Hand at Beginning of Reporting Period	1156.17	
	(c) Total Receipts (from Line 19)	0.00	251.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1156.17	2907.29
7.	Total Disbursements (from Line 31)	127.88	1879.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1028.29	1028.29
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6930.77	

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

	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
	ite or Type Committee Name RAB AMERICAN LEADERSHIP CO	OUNCIL PAC	
Re	port Covering the Period: From: 10	1 / D D / Y Y Y Y 16 2014 To:	11 / D D / Y Y Y Y Y 24 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized (iii) TOTAL (add	, <u>0.00</u>	200.00
	Lines 11(a)(i) and (ii)	0.00	200.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	200.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	10.00
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	41.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	251.00
	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	251.00

DETAILED SUMMARY PAGE

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	63.94	564.6		
(ii) Non-Federal Share	63.94	564.3		
(b) Other Federal Operating Expenditures	0.00	0.0		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	127.88	1129.0		
Transfers to Affiliated/Other Party				
Committees Contributions to Federal Candidates/Committees	0.00	0.0		
and Other Political Committees	0.00	750.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.0		
(c) Other Political Committees (such as PACs)	0.00	0.0		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))►	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	127.88	1879.0		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	63.94	1314.61		

L

DETAILED SUMMARY PAGE

of Disbursements

Net Contributions/Operating Expenditures COLUMN A penditures Total This Period		COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	0.00	200.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	0.00	200.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	63.94	564.61
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	63.94	564.61

SCHEDULE C (FEC Form 3X)

LOANS

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

FOR LINE 13 OF FORM 3X

6

PAGE

OF 12

NAME OF COMMITTEE (In Full) ARAB AMERICAN LEADERSHIP COUNCIL PAG	Transaction ID : SC/10.4333
	-
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Arab American Institute	Primary
	General
Mailing Address 1600 K St, NW	Other (specify)
Suite 601	
City Washington State DC Z	IP Code 20006
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
oundation to come of a second se	
1000.00	0.00 1000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
05 / D D / Y Y Y Y M M / D D /	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	American
City Ctate ZID Cada	Amount Guaranteed
City State ZIP Code	
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City Ctate ZID Cada	Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
SUDIVIALS THIS FERIOD THIS Fage (optional)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line	ne. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

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

FOR LINE 13 OF FORM 3X

7

PAGE

OF 12

NAME OF COMMITTEE (In Full) ARAB AMERICAN LEADERSHIP COUNCIL PAC	Transaction ID : SC/10.4422
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Arab American Institute	Primary
	General
Mailing Address	Other (specify)
Mailing Address 1600 K St, NW	
Suite 601	
City Washington State DC ZIP Co	de 20006
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
10.00	0.00 10.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
03 31 2014	4/30 0.00 % (apr) Yes X No
	/o (upi)
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 State 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
\neg . I uli ivalle (Lasi, I lisi, iviluule lililai)	
Mailing Address	Occupation
	Amount
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	10.00
	1010.00
TOTALS This Period (last page in this line only)	1010.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

HEDULE D (FEC Form 3X) BTS AND OBLIGATIONS cluding Loans			sc f	e separate chedule(s) for each nbered line)	PAGE 8 FOR LINE NUMBER: (check only one)
ME OF COMMITTEE (In Full) RAB AMERICAN LEADERSHIP	COUNCIL P.	AC			
A. Full Name (Last, First, Middle Initial) of Del	btor or Creditor				ebt (Purpose):
Arab American Institute				Use Of Eq	uipment and Supplies
Mailing Address 1600 K St, NW Suite 601				_	
City State Washington	Zip Code DC	20006			
Outstanding Balance Beginning This Period		20000		Transacti	on ID : SD10.4136
5869.77					
Amount Incurred This Period	Pav	ment This Period		Outstandi	ng Balance at Close of Tl
Anount incurred this renod	i dy			Outstand	
0.00			0.00		586
0.00			0.00		586
0.00 B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW	otor or Creditor	· · · · · · · · ·	0.00		586 lebt (Purpose): irchant Terminal
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601			0.00		ebt (Purpose):
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State	Zip Code	20006	0.00		ebt (Purpose):
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington		20006	0.00	Testing Me	rebt (Purpose): Irchant Terminal
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period	Zip Code	20006	0.00	Testing Me	ebt (Purpose):
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period 10.00	Zip Code DC		0.00	Testing Me	tion ID : SD10.4421
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period	Zip Code DC	20006 ment This Period		Testing Me	tion ID : SD10.4421
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period 10.00	Zip Code DC		0.00	Testing Me	tion ID : SD10.4421
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period	Zip Code DC Pay			Testing Me Transact	tion ID : SD10.4421
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	Zip Code DC Pay			Testing Me Transact	tion ID : SD10.4421 ng Balance at Close of Ti
B. Full Name (Last, First, Middle Initial) of Deb Arab American Institute Mailing Address 1600 K St, NW Suite 601 City State Washington Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De First Last	Zip Code DC Pay			Testing Me Transact	tion ID : SD10.4421 ng Balance at Close of Ti

	20.00											
	Amount Incurred This Period	Payment This Period		Outsta	Inding	g Bala	ance a	at Clo	ose (of Thi	s Peri	od
	0.00		0.00							20	.00	٦.
						7		- 7 -	-	_		-
				_	-		_	-	_	_	_	-
1)	SUBTOTALS This Period This Page (optional)		►			_				5899).77	
.,				**	-	-	-	- 7	-			ς.
2)	TOTALS This Period (last page this line number of	only)	►									
-				100		-		_				Ξ.
3)	TOTAL OUTSTANDING LOANS from Schedule C	; (last page only)	►			7		- 7				
								-				٦.
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page	only) 🕨	<u> </u>		7		- 7	_			
									-			

SCHEDULE D (FEC Form 3X)			PAGE 9 OF 12
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one)
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) ARAB AMERICAN LEADERSHIP	COUNCIL PAC		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		ebt (Purpose):
First Last		Fraudulent	Transaction
Mailing Address 56 Testville Dr.			
City State Testville	Zip Code MS 39401		
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4460
5.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	5.00
	1 1		7 7 7
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose): Transaction
First Last		Fraudulent	Transaction
Mailing Address 56 Testville Dr.			
City State	Zip Code		
Testville	MS 39401		
Outstanding Balance Beginning This Period		Transact	ion ID : SD10.4461
		Transact	ion ID : SD10.4461
5.00			
	Payment This Period		ion ID : SD10.4461 ng Balance at Close of This Period
5.00			
C. Full Name (Last, First, Middle Initial) of De	0	Outstandi	ng Balance at Close of This Period 5.00 ebt (Purpose):
5.00 Amount Incurred This Period 0.00	0	Outstandi	ng Balance at Close of This Period 5.00
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	0	Outstandi	ng Balance at Close of This Period 5.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De First Last Mailing Address 56 Testville Dr.	btor or Creditor	Outstandi	ng Balance at Close of This Period 5.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De First Last	0	Outstandi	ng Balance at Close of This Period 5.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De First Last Mailing Address 56 Testville Dr. City	btor or Creditor State Zip Code	Outstandi	ng Balance at Close of This Period 5.00 ebt (Purpose):
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De First Last Mailing Address 56 Testville Dr. City Testville	btor or Creditor State Zip Code	Outstandi	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De First Last Mailing Address 56 Testville Dr. City Testville Outstanding Balance Beginning This Period	btor or Creditor State Zip Code	Outstandii .00 Nature of D Fraudulent Transact	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Definitial) of Definitial of Definitial Definitial Mailing Address 56 Testville Dr. City Testville Outstanding Balance Beginning This Period 10.00	btor or Creditor State Zip Code MS 39401 Payment This Period	Outstandii .00 Nature of D Fraudulent Transact	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Defective First Last Mailing Address 56 Testville Dr. City Testville Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	btor or Creditor State Zip Code MS 39401 Payment This Period 0	Outstandii 0.00 Nature of D Fraudulent Transact Outstandii 0.00	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction ion ID : SD10.4462 ng Balance at Close of This Period 10.00
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Defective First Last Mailing Address 56 Testville Dr. City Testville Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	btor or Creditor State Zip Code MS 39401 Payment This Period C	Outstandii 0.00 Nature of D Fraudulent Transact 0.00 Outstandii	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction ion ID : SD10.4462
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Defective First Last Mailing Address 56 Testville Dr. City Testville Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	btor or Creditor State Zip Code MS 39401 Payment This Period C	Outstandii 0.00 Nature of D Fraudulent Transact 0.00 Outstandii	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction ion ID : SD10.4462 ng Balance at Close of This Period 10.00
5.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Defective First Last Mailing Address 56 Testville Dr. City Testville Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	btor or Creditor State Zip Code MS 39401 Payment This Period C	Outstandii .00 Nature of D Fraudulent Transact Outstandii 0.00	ng Balance at Close of This Period 5.00 ebt (Purpose): Transaction ion ID : SD10.4462 ng Balance at Close of This Period 10.00

CHEDULE D (FEC Form 3X)	Г		PAGE 10 OF 12
EBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
cluding Loans		for each numbered line)	(check only one) 9 X 10
ME OF COMMITTEE (In Full)			
A. Full Name (Last, First, Middle Initial) of Del First Last	otor or Creditor	Fraudulent	ebt (Purpose): Transaction
Mailing Address 56 Testville Dr.			
City State	Zip Code		
Testville	MS 39401	Trancasti	on ID - SD10 4462
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4463
1.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	0	1.00
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Outstanding Datance Deginning This Fellou			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			- 19.
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period		I	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
CURTOTAL C This Deviad This Dave (actional)			1.00
SUBTOTALS This Period This Page (optional)			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TOTALS This Period (last page this line numb	per only)	· •	5920.77
TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)		1010.00
	to line of Cummers Dave Visit reasons		6930.77
ADD 2) and 3) and carry forward to appropria	the lime of Summary Page (last page only	y) 🕨	

Image# 14952961873

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) ARAB AMERICAN LEADERSHIP COUNCIL PAC

USE ONLY ONE SECTION, A or B

Transaction ID : H1.4472

Α.	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 $igvee$ 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 X Generic Voter Drive Public Communications Referencing Party Only				

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF C	COMMITTEE	(In	Full)	
-----------	-----------	-----	-------	--

Mailing Address PO Box 53852 Voter Drive Direct Candidate Suppo City State Zip Code Pheonix AZ 85072 Purpose of Disbursement: 001 Activity or Event Identifier: 001 Activity or Event Identifier: 001 Administrative 01 FEDERAL SHARE + NONFEDERAL SHARE = FUNC Date Mailing Address Po Box 6601 City State PNC Mailing Address Mailing Address Po Box 6601 City State Zip Code Public Comm (ref to party only) by PAC Mailing Address Po Box 6601 City State Purpose of Disbursement: MD Merchant Fee 001 Activity or Event Identifier: 001 A		RAB AMERICAN LEADERSHIP COUNCIL PAC		
Mailing Address PO Box 53852 [i]y State Zip Code Phonix AZ 85072 Purpose of Disbursement: 001 Activity or Event Identifier: 001 Administrative 01 FEDERAL SHARE + NONFEDERAL SHARE = FUI Name (Last, First, Middle Initial) Transaction ID : H4.4474 PMC Mailing Address PO Box 6601 [City State Zip Code Purpose of Disbursement: Mol 21741 Malling Address PO Box 969 <td< td=""><td>Α.</td><td></td><td></td><td></td></td<>	Α.			
City State Zip Code Purpose of Disbursament: AZ 85072 Purpose of Disbursament: 001 Allocated Activity or Event Vexi-To-Date Activity or Event Identifier: Adicated Activity or Event 2014 Activity or Event Identifier: 3.98 3.97 7.95 B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4474 Allocated Activity or Event: Administrative Purpose of Disbursament: Mailing Address PO Box 6601 Image: State Zip Code Hagersolwn MD 21741 Public Comm (ref to party only) by PAC Hagersolwn MD 21741 Purpose of Disbursament: 001 Category/ Mating Address PO Box 6601 Image: State Zip Code Purpose of Disbursament: 001 Category/ Date 11 07 2014 Hagersolwn MD 21741 Public Comm (ref to party only) by PAC Allocated Activity or Event Allocated Activity or Event Mating Address PO Box 6801 Image: State Zip Code Image: State Image: State Image: State Image: State <				Administrative Fundraising Exempt
Process AZ 85072 Purpose of Disbursement: Merchant Fee 001 Category/ Type Date 11 03 2014 Administrative 01 Category/ Type Date 11 03 2014 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT B. Full Name (Last, First, Middle Initial) Transaction ID : H4.4474 Allocated Activity or Event: Mailing Address PO Box 6601 Direct Candidate Suppcing ND 21741 Mailing Address PO Box 6601 Direct Candidate Suppcing ND 21741 Purpose of Disbursement: Merchank Fee 001 Category/ Type Date 10° 0° 2014 Activity or Event Identifie: Administrative 001 Category/ Type Date 10° 0° 2014 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 2014 Activity or Event Identifie: Administrative 001 Category/ Type Date 10° 0° 2014 Administrative UT 89.44 39.44 39.44 78.88 2014 C. Full Name (Last, Fir		Mailing Address PO Box 53852		Voter Drive Direct Candidate Support
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