

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 FEB 10 PM 12:27  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT**  **Example: If typing, type over the lines.** 12FE4M5

Teens For Teens

ADDRESS (number and street) 4507 Sheridan Avenue

Check if different than previously reported. (ACC) Miami Beach FL 33140 3144

2. FEC IDENTIFICATION NUMBER  CITY MIAMI BEACH STATE FL ZIP CODE 33140

C00575654 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on MM / DD / YYYYYY in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

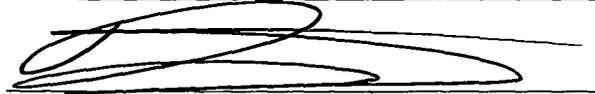
Election on MM / DD / YYYYYY in the State of  

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

04 / 14 / 2015 through 01 / 01 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Benjamin P. Burstein

Signature of Treasurer  Date MM / DD / YYYYYY

01 / 26 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

/  /

To:

/  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="560.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0000000000"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="560.00"/>	<input type="text" value="560.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="560.00"/>	<input type="text" value="560.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0"/>	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="560.00"/>	<input type="text" value="560.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1N)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY  
04 / 14 / 2015

To:

MM / DD / YYYY  
01 / 01 / 2016

**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).....

560.00

560.00

(ii) Unitemized .....

0

560.00

(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

560.00

560.00

(b) Political Party Committees .....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

0

0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

560.00

560.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

560.00

560.00

NON-FEDERAL CONTRIBUTION

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

NON-FEDERAL SHARE





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

*Teens for Teens*

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... >

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

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

UNCLASSIFIED//NOFORN

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

**LOANS**

NAME OF COMMITTEE (In Full)  
*Teens for Teens*

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

2010-10-10 10:00:00 AM

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Teens for Teens</i>	FEC IDENTIFICATION NUMBER <i>C</i>
---	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	Date Due
City State Zip Code		

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: What is the estimated value?

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:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

2010-02-10 10:00:00 AM





**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**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <i>Teers for Teus</i>	<input type="checkbox"/> Check if 24-hour notice
--	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City _____ State _____ ZIP Code _____
---	--

Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City _____ State _____ Zip Code _____	Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Category/Type  Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
Name of Federal Candidate Supported _____ Office Sought: House _____ Senate _____ Presidential _____ State: _____ District: _____	Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City _____ State _____ Zip Code _____	Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Category/Type  Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
Name of Federal Candidate Supported _____ Office Sought: House _____ Senate _____ Presidential _____ State: _____ District: _____	Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City _____ State _____ Zip Code _____	Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Category/Type  Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
Name of Federal Candidate Supported _____ Office Sought: House _____ Senate _____ Presidential _____ State: _____ District: _____	Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right;">0</div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right;">0</div>

NON-FUNCTIONAL: 0004980000

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)

USE ONLY ONE SECTION A or B

A. State an

Fixed Percentage Reported | Office Source

- \_\_\_\_\_ Presidential-Only Election Year (50% 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

2010-01-10 10:00:00

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIO**

PAGE OF

NAME OF COMMITTEE (In Full)

**RATIO FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

NON-FEDERAL CANDIDATE INFORMATION

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

NAME OF COMMITTEE (In Full) \_\_\_\_\_

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M M / D D D / Y Y Y Y Y Y <input type="text"/>	<input type="text"/>

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

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) .....

*NTA*

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

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) .....

NON-FEDERAL ACCOUNT INFORMATION



**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) 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)		

NOTATION: THE ONLY BOUNDARIES

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

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)

NO. 10-10-00040000

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p><b>D.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>	<p>MM / DD / YYYY</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	<p>MM / DD / YYYY</p>

**SCHEDULE L-B (Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

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

FGR LINE NUMBER: PAGE OF  
 (check only one)  4a  4c  5  
 4b  4d

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)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

E. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

SUBTOTAL of Disbursements This Page (optional)..... ▶

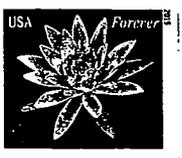
TOTAL This Period (last page this line number only)..... ▶

Amount field

Amount field

NON-CONFIDENTIAL INFORMATION

min Burstern  
Slevidan Ave  
Beach, FL 33140



Attn: End-of-Year Report  
999 E Street, NW,  
Washington, DC 20463

2016 FEB 10 PM 12:27

2016 FEB 10 PM 12:27

