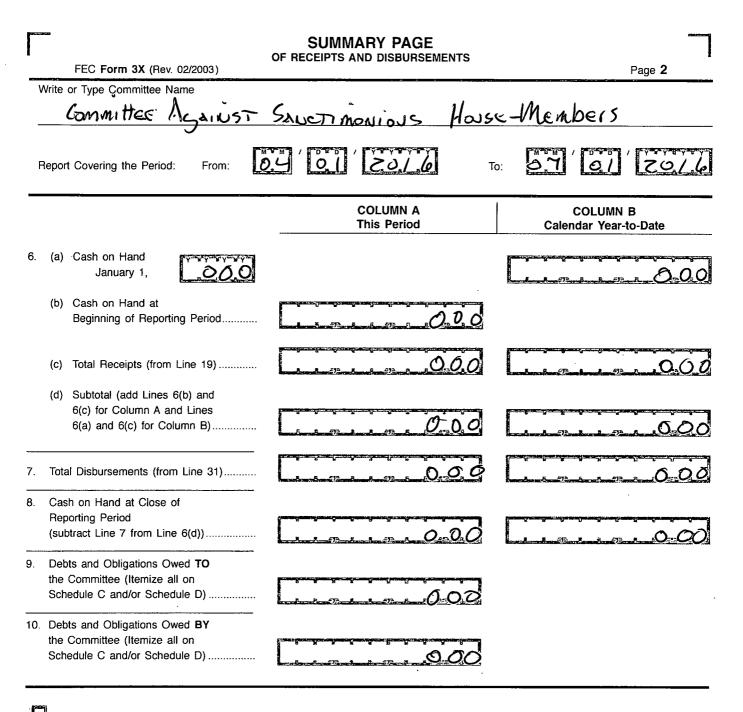
			···	
	REPORT OF REC ND DISBURSE or Other Than An Authorize	MENTS		RECEIVED CMAIL CENTER JUL 12 AM 10: 27 se Only
1. NAME OF T COMMITTEE (in full)		ample: If typing, type er the lines.	12FE4M5	
Committee A	GAINST SANC	TIMON101	5 Hojse-	Members
ADDRESS (number and street)	P3 B0X 14			
Check if different than previously reported. (ACC)	$Mo\mu Tice(10)$		FN 479	60
2. FEC IDENTIFICATION NUM	IBER ▼ CITY ▲		STATE A	
C 0060967	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 	(C) 12-Day) Jun 20 (M6)	 Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Gerral (12G) Special (12S) 	 Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Files Marson		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST- Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on		······································	in the State of
5. Covering Period	Report and to the best of my kno	through	e. correct and complete	
Type or Print Name of Treasurer	DARIN Griese	-		
Signature of Treasurer	\sim	<u> </u>	vate 07 / 8	2016
NOTE: Submission of false, errones	us of incomplete information may su	ubject the person signing th	FEC	s of 52 U.S.C. § 30109. FORM 3X ev. 12/2004

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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

	DETAILED SUMMARY PAGE of Receipts						
	FEC Form 3X (Rev. 02/2003)	UI Net	eipis		Page 3		
V	Vrite or Type Committee Name			• • • • • • • • • •			
_	committee devisions	- Sancti	MONIOJS	Hause -M	kin bers		
F	Report Covering the Period: From:	$\frac{1}{2}$	$L_0 I G$		01 2016		
	I. Receipts		OLUMN A This Period		COLUMN B Idar 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 (c) Other Political Committees (such as PACs)						
	 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		<u></u> 0				
14.	Loan Repayments Received Offsets To Operating Expenditures	and					
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other				0		
	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds				<u> </u>		
	 (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) 						
	(c) Total Transfers (add 18(a) and 18(b))	1 <u>111111111111111111111111111111111111</u>					
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶				<u> </u>		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶		tradicio d		adamatan ang kanalang kanalang Ang kanalang		

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

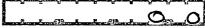
COLUMN B Calendar Year-to-Date

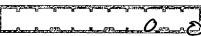
Page 4

		II. Disbursements	COLUMN A Total This Period
21.		rating Expenditures:	
	(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)	an a
		(i) Federal Share	the state of the s
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	
	• •	Expenditures	0 0
	(c)	Total Operating Expenditures	
		(add 21(a)(i), (a)(ii), and (b))	9.3
22.	Trar	sfers to Affiliated/Other Party	
		mittees	
23.		tributions to eral Candidates/Committees	
	and	Other Political Committees	
24.	Inde	pendent Expenditures	
	(use	Schedule E)	
25.	Coo	rdinated Party Expenditures	
	(use	U.S.C. § 30116(d)) Schedule F)	0 2
	•		hand and the second
26.	Loar	n Repayments Made	0 0
27.	Loar	ns Made	2 0
28.		inds of Contributions To:	
	(a)	Individuals/Persons Other Than Political Committees	0
	(b)	Political Party Committees	0.0
		Other Political Committees	
	\ - <i>\</i>	(such as PACs)	
		· · · ·	bendensland and and and the state
	(d)	Total Contribution Refunds	المحمد الم
		(add Lines 28(a), (b), and (c))	0.2
29.	Othe	er Disbursements	
30.	Fede	eral Election Activity (52 U.S.C. § 30101	(20))
	(a)	Allocated Federal Election Activity	
		(from Schedule H6)	
		(i) Federal Share	
			ann i suit fan fan fan de striken fan de striken i ser fan de striken fan de striken fan striken. Generalisen i ser fan de striken i ser fan de st
		(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.	Tota	Disbursements (add Lines 21(c), 22,	ĨĨĸĸĸĸĸĹĸĸĸĸĸŧĸĸŧĸĸŧĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ
	23, 2	24, 25, 26, 27, 28(d), 29 and 30(c))	
32	Total	i Federal Disbursements	
		tract Line 21(a)(ii) and Line 30(a)(ii)	
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	FEC Form 3X (Rev. 02/2003)	DETAILED SUMMARY PAGE of Disbursements	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)	1 - 1 - 13 - 1 - 1 - 27 - 1 - 0 - 3 - 1 0	6
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		LAPLED DE OF
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		<u>, , , , , , , , , , , , , , , , , , , </u>
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	<u> </u>	

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S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF						
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
		Detailed Summary Page							
			13 14 15 16 17						
A 0	r for commercial purposes, other than using the	name and address of any political committe	person for the purpose of soliciting contributions the to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
$ \rangle$	>								
\vee									
	Full Name (Last, First, Middle Initial)								
Α.			Date of Receipt						
	Mailing Address	·	M M M / D D / Y Y Y Y Y Y Y						
	City	State Zip Code							
	City		Amount of Each Descipt this Deviad						
			Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С							
	·		- F						
	Name of Employer	Occupation	Memo Item						
	Densist E-4	l							
	Receipt For:	Aggregate Year-to-Date ▼	_						
	Other (specify) \checkmark	and the second se							
			Li ji						
_	Full Name (Last, First, Middle Initial)	- 14.4-2-4.4							
В.			Date of Receipt						
	Mailing Address		MeMI / DJD / YBYEY						
	City	State Zip Code							
			Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C							
		tana tana tana tana tana tana tana tana	Page 1						
	Name of Employer	Occupation	Memo Item						
	Receipt For:	Aggregate Year-to-Date ▼							
	Other (specify) V								
		hadrate States Anderstan Anderstan							
	Full Name (Last, First, Middle Initial)								
C.			Date of Receipt						
	Mailing Address		M M / D D / / Y Y Y Y Y						
	<u></u>	State Zip Code							
	City		Amount of Each Descint this Desired						
			Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	and the floor for the set of the set						
	·		Participant and a second se						
	Name of Employer	Occupation	Memo Item						
	Receipt For:								
	Primary General	Aggregate Year-to-Date ▼							
	Other (specify)								
			a						
		· · · · · · · · · · · · · · · · · · ·	la <u>an an a</u>						
S	UBTOTAL of Receipts This Page (optional)	••••••	and have been from the set of the						
Т	OTAL This Period (last page this line number o	nly) 🕨	and we have the second section of the second section of the second section of the second section of the second						

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SCHEDULE B (FEC Form 3X)			T	FOF	R LINI	ΞN	NUMBER: PAGE OF							
IT	EMIZED DI	SBURSEMENTS	Use separate schedule(for each category of the		(check only			one)					_	
			Detailed Summary Page		╞	21t)	22 28a	╞	23 28b		4 8c	25	П ²⁶ 30b
Ar	ny information cop	bied from such Reports and Sources, other than using the	Statements may not be sold or a name and address of any pol	used I litical c	by al	ny per	rso to	n for the	pur pontrit	pose	of solid	iting c	ontribi	utions
		MITTEE (In Full)												
\mathbb{Z}						<u> </u>								
A.	Full Name (Last,	First, Middle Initial)						Date o	of Di	sburse	ement			
	Mailing Address							MVN] ′	D	0 /	Ŷ	γŧγ	Ϋ́Υ Income
	City		State Zip Code				+-							
	Purpose of Disbu	ursement		T		2		Amour	nt of	Fach	Disbu	some	nt this	Period
	Candidate Name	· · · · · · · · · · · · · · · · · · ·	······································	- L_ C	ateg Typ	jory/			-			5		t this Period
	Office Sought:	House Disb Senate President	ursement For: Primary General Other (specify) ▼	_1	- 76					o Item		, a program parti		
	State:	District:												
в.	Full Name (Last,	First, Middle Initial)						Date o	of Di	sburse	ement	er-oer	YEY	
	Mailing Address							n a m Snamstan	Ĺ			eno Co		Ľ
	City		State Zip Code				T							
	Purpose of Disbu	ursement			ugener			Amour	nt of	Each	Disbu	semer	nt this	Period
	Candidate Name			c	ateg Typ	ory/ e)]		
	Office Sought:	House Disb Senate President	ursement For: Primary General Other (specify)						lemo	tem Item				
	State:	District:	·····	. <u> </u>			-							
C.	Full Name (Last,	First, Middle Initial)						Date o	f Di					
	Mailing Address							M M		D	D /	Y Q		Y
	City		State Zip Code				T							
	Purpose of Disbu	e of Disbursement					Amoun	it of	Each	Disbu	semer	nt this	Period	
	Candidate Name				ateg Typ				9		non Freed			
	Office Sought:	House Disb Senate President	ursement For: Primary General Other (specify) ▼							tem				
	State:	District:												
s	UBTOTAL of Dis	bursements This Page (option	nal)			►			-					

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FEC Schedule B (Form 3X) Rev. 12/2015

SCHEDULE C (FEC Form 3X)

LOANS	Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X				
NAME OF COMMITTEE (In Fuil)	I	I			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item El	ection:			
		Primary			
Mailing Address		General Other (specify) ▼			
City State ZIP Coc	de				
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period			
TERMS					
Date incurred Date Due	Interest Rate	Secured:			
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount	adarendaran daran dar			
City State ZIP Code	Guaranteed Outstanding:	and an and a star and an and a star and a sta			
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
		<u>สนักแรงใบสารมีสายหลังสะสนักรระบับสายประส</u> บไ			
City State ZIP Code	Guaranteed Outstanding:	and the second			
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:	1 - 1 - P- I			
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
· ·	Amount				
City State ZIP Code	Guaranteed Outstanding:	and and the formed of the states			
· · · · · · · · · · · · · · · · · · ·	<u> </u>				
SUBTOTALS This Period This Page (optional)	····· •				
TOTALS This Period (last page in this line only)		nerite, / contrastine and e and e formation and have to determine the second formation and the second s			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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SCHEDULE C–1 (FEC Form 3X)		Supplementary for
LOANS AND LINES OF CREDIT FROM L	ENDING INSTITUTION	S Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	and the second	<u> </u>
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurre	
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	andre des Director des Director des
C. Are other parties secondarily liable for the debt incu	rred? nust be reported on Schedule C.)	
 D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or oth No Yes If yes, specify: 	of deposit, chattel papers,	What is the value of this collateral?
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes,	erest income, pledged as 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).	Location of account:	
Date account established:	Address	
	City, State, Zip:	
F. If neither of the types of collateral described above w the loan amount, state the basis upon which this loa		
G. COMMITTEE TREASURER		DATE
Typed Name Signature	<u>.</u>	
H. Attach a signed copy of the loan agreement.	<u>.,, .</u>	
 TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. 	terms of the loan and other inforr	nation regarding the extension of the loan
 II. The loan was made on terms and conditions (i similar extensions of credit to other borrowers III. This institution is aware of the requirement that 	of comparable credit worthiness.	
complied with the requirements set forth at 11		
AUTHORIZED REPRESENTATIVE Typed Name	-	DATE
	Title	

2016-07-12-05-00081877

I.

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE OF			
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:			
Excluding Loans		for each numbered line)	(check only one) 9			
NAME OF COMMITTEE (In Full)	, ,		<u>h</u> eyd			
A. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	Nature of D	ebt (Purpose):			
Mailing Address						
City State	Zip Code					
Outstanding Balance Beginning This Period						
and the second free participant of the second s						
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period			
,	and a superior of the second					
hands-file-file-file-file-file-file-file-file						
B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor	Nature of D	ebt (Purpose):			
Mailing Address						
City State	Zip Code					
	<u>. </u>					
Outstanding Balance Beginning This Period						
Amount Inverse This Design	Deverant This Devied	Outstandir	a Deleves at Oless of This Deviad			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period			
	<u> </u>					
C. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	Nature of D	ebt (Purpose):			
Mailing Address						
City	State Zip Code					
Outstanding Balance Beginning This Period						
in the second						
Amount Incurred This Period	Payment This Period		g Balance at Close of This Period			
	<u> </u>					
1) SUBTOTALS This Period This Page (optional)		. ►				
2) TOTALS This Period (last page this line number on	w)		<u>and and an all and and and and and and and an all an all an all an</u>			
	<u>, , , , , , , , , , , , , , , , , , , </u>	A	าะมีวิธีอากสีมาระสาวไม่เหลือและไหล มีมีการไม่และไ การสารการการสารสารสารสารสารสารสารสารสารสารสารสารสา			
3) TOTAL OUTSTANDING LOANS from Schedule C (I	ast page only)	42 · · · · · · · · · · · · · · · · · · ·	กลังสินเตรียมหนึ่งและมีการสารสารสารสารสารสารสารสารสารสารสารสารสา			
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last page only	<u>س</u>	สมาริการณ์และสาวิวารณ์และสาวิวารณ์และเป็น			

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITORES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Check if 24-hour report 48-hour report New report Amends repor	t filed on
Full Name of Payee	em Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Full Name of Payee	em Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
(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 n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Date	

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FEC Schedule E (Form 3X) Rev. 12/2015

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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

(То	be used only	by Political Comm	ittees in the Gene	eral Election)	FOR LIN	IE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)						Check if 24-hour notice
tas your committee been designated to ma oordinated expenditures by a political party YES NO		Full Name of Subo	rdinate Committee			
YES, name the designating committee:		Mailing Address				
		City		State	9	ZIP Code
Full Name (Last, First, Middle Initial) of	Each Payee		Memo Item	Purpose of Exper	nditure	Category/
Mailing Address						Туре
City	State	Zip Code		Date	⊎_D/	YUYEYBY
Name of Federal Candidate Supported	Office Sough		State:	Amount		· · · · · · · · · · · · · · · · · · ·
		Senate Presidential	District:			
Aggregate General Election Expenditure for this Candidate ►				in the second	darder f	Jame Connectory of Sour Connect
Full Name (Last, First, Middle Initial) of	Each Payee		Memo Item	Purpose of Exper	nditure	Category/
Mailing Address				Date		Туре
City	State	Zip Code			• D /	Ŷ <u></u> <u></u>
Name of Federal Candidate Supported	Office Sough	It: House Senate Presidential	State: District:	Amount	-Barribarrol	
Aggregate General Election Expenditure for this Candidate ►		anagan ng maganagan ng ng ng n		Carros a Second County (Vinner	dandaaf	Bendender Bertend
Full Name (Last, First, Middle Initial) of	Each Payee		Memo Item	Purpose of Exper	nditure	Category/ Type
Mailing Address				Date	- • · · · · · · · · · · · · · · · · · ·	Туре
City	State	Zip Code		M M / D	/ o /	Y B Y B Y Y Y
Name of Federal Candidate Supported	Office Sough	t: House Senate Presidential	State:	Amount	1	
Aggregate General Election Expenditure for this Candidate ►				L-bo-lev73-	l	Breden de Carles de C
SUBTOTAL of Expenditures This Page (op	tional)		•		Annala and	
TOTAL This Period (last page this line nur	nber only)		····· ►	The second s		

FEC Schedule F (Form 3X) Rev. 12/2015

PAGE

OF

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 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)		
		<u> </u>
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE S ACTIVITIES APPEARING ON THIS REPORT.	SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received method" expenses must equal the federal proportion of monies raised. 	where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accordin where the federal proportion of disbursements is based on the benefit de tivity. For PACs Only: Direct candidate support includes public communio federal and nonfederal candidates, regardless of whether there is a refer- are allocated using a time/space method.	rived by federal candic cations or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%	<u> </u>
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%	%
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%	%
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%	%
CHECK IF THE RATIO IS:	miðræðarförniðaræ ^{f /0}	houten the state of the second se
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	%
CHECK IF THE RATIO IS:		
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

		FOR LINE 18a OF FORM 3X	
IAME OF COMMITTEE (In Full)			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
		an lang ling ang lang ling ling ling ling ling ling ling li	
·			
BREAKDOWN OF TRANSFER RECEIV	/ED		
i) Total Administrative			
ii) Generic Voter Drive		and and and an Inclusion in the second	
iii) Exempt Activities			
		hand and the state of the state	
iv) Direct Fundraising (List Activity or	Event Identifier)		
a)	a an aide ann an Aine a		
b)	รี่ มีของสารที่หลายเป็นสารที่สารที่สารที่สารที่สารที่มีของหนึ่งการที่หลายที่หลายให้เหลาสารที่หลายได้		
	hadronka ?? a bar is 1? a bar ha bar h	<mark></mark>	
c) Total Amount Transferred For Dire	ect Fundraising		
v) Direct Candidate Support (List Act	ivity or Event Identifier)		
a)			
	and the second se		
b)			
a) Total Amount Transforred For Dir	not Condidata Support	and the second	
c) total Amount Transiened For Dire	ect Candidate Support		
vi) Public Communications Referring	Only to Party (Made by PAC)		
	DTALS FOR BREAKDOWN OF TRANSFER RECEIV		
TOTAL This Period (Administrative)		The second s	
		<u></u>	
TOTAL This Period (Generic Voter Drive)	The second s	Same Barrell and Same Barrell	
		and the second	
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)			
() , , , , , , , , , , , , , , , , , ,	Barrow Barr		
TOTAL This Period (Direct Candidate Suppo	rt)	and the second	
	r.		
TOTAL This Period (Public Communications	Referring Only to Party)		
TOTAL This Period (Total Amount Transferred)			

FEC Schedule H3 (Form 3X) Rev. 12/2004

PAGE

OF

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Ä.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Burnoop of Disburgoment:				Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				· · · · · · ·	
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address		. <u>.</u>		Administrative E Fundraising Exempt
					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:			لسنسنسا	
				Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				······································	
Ċ.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address		<u> </u>		Administrative Fundraising Exempt
					U Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	and maken the standard standard standards		*73	· · · · · ·	and and an alter from the second s
S	JBTOTAL of Allocated Federal and NonFederal	Activity This	Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
					a a production of the second se
т	DTAL This Period (last page for each line only)(FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
	and the second	l and the second se		a la superior de la s	and the second
		9			and and and the stand of the stand of the stand

FEC Schedule H4 (Form 3X) Rev. 12/2015

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be us	ed by State, District and L	ocal Party Committees Only)	FOR LINE 18b OF FORM 3X
NAME OF	COMMITTEE (In Full)		
NAME	OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
			<u>in an an</u>
BREAK	DOWN OF THIS TRANSFER		REGISTRATION
	i) Voter Registration Total Amount Transferred for		
		ى بىنىنى بىلىدىنى بى	VOTER ID
[ii) Voter ID Total Amount Transferred for	Voter ID	ann an
Ì		here Considered	GOTV
)	iii) GOTV		and a second
	Total Amount Transferred for	GOTV	
	iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
l.	Total Amount Transferred for	Generic Campaign Activity	
NAME	OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
			La la contrata de la
BREAM	DOWN OF THIS TRANSFER		
	i) Voter Registration	VOTER F	REGISTRATION
	Total Amount Transferred for	Voter Registration	ferre lander in farm
	ii) Voter ID	E-restriction of the second	VOTER ID
	Total Amount Transferred for	Voter ID	Time de mais Time de mais de mais de mais
	iii) GOTV		GOTV
	Total Amount Transferred for	GOTV	
1	iv) Conoria Compaign Activity	R ₂ (MP)	GENERIC CAMPAIGN ACTIVITY
	iv) Generic Campaign Activity Total Amount Transferred for	Generic Campaign Activity	·····
	TOTALS FO	R BREAKDOWN OF TRANSFER RECEI	VED (Last Page Only)
			Anness Ramman and Same Same Same Same Same Same
Г T	OTAL This Period (Voter Registrati	on)	
_			<u></u>
	OTAL This Period (Voter ID)		The set of
l T	OTAL This Period (GOTV)		ก็เของของ และการและ และ เป็นและ เป็นและ เป็นและ เป็นและ เป็นและ เป็นและ เป็นและ เป็นเป็นเป็นได้ เป็น เป็นของของ เป็นเป็นได้ เป็นเป็น เป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็น
			there is a star and the star an
Т	OTAL This Period (Generic Campa	ign Activity)	
			Respective and server's "According to the set of the set
т	OTAL This Period (Total Amount o	f Transfers Received)	
			an anna an anna an Anna anna an Anna anna an An

FEC Schedule H5 (Form 3X) Rev. 02/2003

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS

SBURSEMENTS OF FEDERAL AND LEVIN FU		PAGE OF
be used by State, District and Local Party Committee		FOR LINE 30a OF FORM 3
ME OF COMMITTEE (In Full)		
A. Full Name (Last, First, Middle Initial) / Full Organization Name	🗌 Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type	
	SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	🗍 Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		hand and the first and the fir
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
	SHARE	= TOTAL AMOUNT
		and and the free free free free free free free fr
TAL This Period (last page for each line only)(Federal share to 30(a)(i) FEDERAL SHARE	and Levin share to	30(a)(ii)) TOTAL AMOUNT
LEVIN		- Carlin Carlin Carl
TAL This Period for the Levin Share		

FEC Schedule H6 (Form 3X) Rev. 12/2015

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)			
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)		an gan gan gan gan gan gan gan gan gan g
	(b) Unitemized		
	(c) Total		and an and a star from the star from the star of the s
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		ann an an Star Constant (Star Constant)
	(e) Total	<u></u>	
5.	OTHER DISBURSEMENTS	and a section of the	
6.	TOTAL DISBURSEMENTS	and	
7.	BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8.	RECEIPTS		and a stand of the second s
9.	SUBTOTAL		
10.	DISBURSEMENTS (From Line 6)		and and the straight from the straight of the st
11.	ENDING CASH ON HAND		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE L-A	(FEC Form 3X)	
ITEMIZED RECE	IPTS OF LEVIN I	FUNDS

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBE (check only one)
a sold or used by any perso	n for the nurnose of

INE NUMBER:	Г
only one)	

PAGE

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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)

/			
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name	🗌 Memo Item	Date of Receipt
	Mailing Address		hermiteen hermiteen in hermit
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		and and a standard and a standard and a standard and a standard a standard a standard a standard a standard a s
В.	Full Name (Last, First, Middle Initial) / Full Organization Name	🗌 Memo Item	Date of Receipt.
	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		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
	Mailing Address	-	Amount of Each Descit this Design
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	🗋 Memo Item	Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
s	UBTOTAL of Receipts This Page (optional)	·····	
т	OTAL This Period (last page this line number only)	····· •	หระสารแกรงสารแกรงการสารสารสารสารสารสารสารสารสารสารสารสารสา

FEC Schedule L-A (Form 3X) Rev. 12/2015

SCHEDULE L–B (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one)
OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements may r or for commercial purposes, other than using the name and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name A.	🗌 Memo Item	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		การกระบบของสามารถอาการกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของก กระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของกระบบของ
Full Name (Last, First, Middle Initial) / Full Organization Name B.	Memo Item	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 Name	e 🗌 Memo Item	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 Name	e 🗌 Memo Item	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 Name E.	e 🗌 Memo Item	Date of Disbursement
Mailing Address		
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)		and a second

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No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Business Day Delivery		
Received from House Records & Registration C	Date of Receipt Office	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
PREPARER (3/2015)	ZI 12116 DATE PREPARED	

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