| FEC FORM 3X REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee | RECEIVED 2014 DEC 10 AM 10: 16 Office Use Only |
|--|--|
| 1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. | 12FE4M5 |
| [7,7,M,1,L,L,1,0,N,R,E,P,U,B,L,1,C,A,N,S,F,V,N,D] | |
| ADDRESS (number and street) $\begin{bmatrix} 5_0 \\ 1 \end{bmatrix} \begin{bmatrix} w \\ R_1 \\ 0 \\ S_1 \end{bmatrix} \begin{bmatrix} R_1 \\ 0 \\ S_1 \\ S_$ | |
| $\square Check if different than previously reported. (ACC) W E S T C A G D C A C A C A C A C A C A C A C A C A C$ | II.L [6.0.1.8.5]-[4.8.1.0] |
| 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ | STATE ZIP CODE |
| CO0541557 3. IS THIS REPORT (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: Mar 20 (M3) Mar 20 (M3) Jun 20 (M6) Mar 20 (M4) Jul 20 (M7) Mar 20 (M4) Jul 20 (M7) PRE-Election Report for the: Convention (12C) Election on (d) 30-Day POST-Election Report for the: General (30G) Report for the: (d) 40-Day Post-Election Report for the: (e) 12-Day Primary (12P) Primary (12P) | Year Only) |
| 5. Covering Period 07 01 2014 through 02 | 3012014 |
| I certify that I have examined this Report and to the best of my knowledge and belief it is the type or Print Name of Treasurer $MANNY$ $SEGAR$ | rue, correct and complete. BRA |
| Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing | Date $72' 04' 2014$ this Report to the penalties of 2 U.S.C. §437g. |
| Office Office Use Only | FEC FORM 3X Rev. 12/2004 |

| ļ | I | FEC Form 3X (Rev. 02/2003) | SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|-----|--------|--|---|-----------------------------------|
| | rite o | or Type Committee Name 7 MILLION R | EPUBLICANS FUND | |
| Re | eport | Covering the Period: From: | 07'01'2014 To: | 09 30 2014 |
| | | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) | Cash on Hand January 1, |] | |
| | (b) | Cash on Hand at Beginning of Reporting Period | | |
| | (c) | Total Receipts (from Line 19) | | .0.0 |
| | (d) | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | |
| 7. | Tota | al Disbursements (from Line 31) | 0.0 | |
| 8. | Rep | sh on Hand at Close of porting Period btract Line 7 from Line 6(d)) | | |
| 9. | the | ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D) | | |
| 10. | the | ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D) | 0.0 | |
| Ľ | | This committee has qualified as a r | nulticandidate 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) | DET | | SUMMARY PA Receipts | GE | | P | age 3 |
|---|----------|---------------------------------------|---|----------------|----------|-------------------------|---------|
| Write or Type Committee Name | | | | | | | |
| 77 MILLION R. | EPU | BLICI | ANS FUI | ND | | | |
| Report Covering the Period: From: | 0.7 | Ű. | 2014 | To: | 09 | 30 | 2014 |
| I. Receipts | | | COLUMN A otal This Period | | | COLUMN B dar Year-to | -Date |
| Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized | | • | | 00 00 00 | | | 0.0 |
| (b) Political Party Committees | · F | | | 0.0 | | | 0.0 |
| 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees | | · · · · · · · · · · · · · · · · · · · | | 00 | | | 0.0 |
| 13. All Loans Received | | | | 0.0 | <u>_</u> | () | .0.0 |
| Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | | • • • • • • • • • • • • • • • • • • • | <u> </u> | 00 | | | 0.0 |
| Refunds of Contributions Made to Federal Candidates and Other Political Committees | | 47) | | 00 | | | .00 |
| (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin (a) Non-Federal Account (from Schedule H3) | | 1 | ······································ | 0.0 | | | |
| (b) Levin Funds (from Schedule H5) | | 4 | | 00 | | <u> </u> | 0,0 |
| (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)) | <u>ب</u> | | <u> </u> | <u>00</u> | | <u> </u> | <u></u> |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | ь г | • • • • • • • • • • • • • • • • • • • | <u>, , , , , , , , , , , , , , , , , , , </u> | <u>00</u> | | | .0.0 |

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|-----|------------|-----|----|-----|-----|-----|
| 2 | | • • | | | | |

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| | II. Disbursements | COLUMN A | COLUMN B |
|----|--|-------------------|--|
| 1. | Operating Expenditures: (a) Allocated Federal/Non-Federal | Total This Period | Calendar Year-to-Date |
| | Activity (from Schedule H4) | 0,0 | <u>^</u> |
| | (i) Federal Share | | |
| | (ii) Non-Federal Share | 00 | 0 |
| | (b) Other Federal Operating | | |
| | Expenditures | | 0 |
| | (c) Total Operating Expenditures | | |
| | (add 21(a)(i), (a)(ii), and (b)) ► | 0.0 | |
| | Transfers to Affiliated/Other Party | | |
| | Committees Contributions to | | |
| | Federal Candidates/Committees | | D. |
| | and Other Political Committees | | |
| | Independent Expenditures | | Γ. Γ |
| | (use Schedule E) Coordinated Party Expenditures | | |
| | (2 U.S.C. §441a(d)) (use Schedule F) | | 0 |
| | | | |
| | Loan Repayments Made | 00 | |
| | | | |
| • | | | |
| • | Refunds of Contributions To: (a) Individuals/Persons Other | | |
| | Than Political Committees | 0.0 | U D |
| | ing the second | | Λ |
| | (b) Political Party Committees | | |
| | (c) Other Political Committees | | L. L |
| | (such as PACs) | | |
| | (d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c))▶ | DD | $\overline{0}$ |
| | (add 2.000 20(2), (2), and (0), | | |
|). | Other Disbursements | 0.0 | · - · · · · · · · · · · · · · · · · · · |
| | - | | |
| | Federal Election Activity (2 U.S.C. §431(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))► | 00 | |
| | | | |
| | Total Disbursements (add Lines 21(c), 22, | · | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)). | 0.0 | |
| | | | |
| | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | O O | () |

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DETAILED SUMMARY PAGE of Disbursements 2.4

| , 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) | 00 | 0.0 |
| 34. | Total Contribution Refunds. (from Line 28(d)) | 0.0 | 0.0 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 00 | |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))► | <u>,, D.D</u> | <u>. 00</u> |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.0 | <u> </u> |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 00 | <u>60</u> |

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| SCHEDULE 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 | 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and | | rson for the purpose of soliciting contributions |
| | · · · · · · · · · · · · · · · · · · · | |
| 77 MILLION REPL | BLICANS +U | IND |
| Full Name (Last, First, Middle Initial) A. MANNY SEGARRA | <i>\</i> | Date of Receipt |
| Mailing Address ' | · · · · · · · · · · · · · · · · · · · | |
| City State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | |
| Name of Employer Occupatio | n | |
| | Year-to-Date ▼ | |
| Primary ☐ General Other (specify) ▼ NO RECEIPTS | 0.0 | |
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt |
| Mailing Address | | |
| City State | Zip Code | - [Baisting] Brossing] Bastronaumberg] |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | |
| Name of Employer Occupatio | n | |
| | e Year-to-Date ▼ | |
| Other (specify) ▼ | <u></u> | |
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt |
| Mailing Address | | |
| City State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | |
| Name of Employer Occupation | 'n | |
| | e Year-to-Date ▼ | |
| Other (specify) ▼ | | |
| SUBTOTAL of Receipts This Page (optional) | ······ | |
| TOTAL This Period (last page this line number only) | ••••••••••••••••••••••••••••••••••••••• | |

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

| CHEDULE B (FEC Form 3X) | NUMBER: PAGE OF |
|---|--|
| TEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page 21b | one) 22 23 24 25 26 28a 28b 28c 29 30b |
| Any information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (IN FUI) 77 MILLION REPUBLICANS FUI | |
| Full Name (Last, First, Middle Initial) | |
| • | Date of Disbursement |
| Mailing Address | |
| City State Zip Code | |
| Purpose of Disbursement | Amount of Each Disbursement this Period |
| Candidate Name Category/ Type | 0.0 |
| Office Sought: Disbursement For: | |
| State: District: | |
| Full Name (Last, First, Middle Initial) | |
| | Date of Disbursement |
| Mailing Address | |
| City State Zip Code | |
| Purpose of Disbursement | Amount of Each Disbursement this Period |
| Candidate Name Category/ Type | 0.0 |
| Office Sought: House Disbursement For: Senate Primary General | |
| State: District: Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) | Date of Disbursement |
| Mailing Address | M T M / D TO / Y TY TY TY |
| City State Zip Code | landard berken berkendard |
| Purpose of Disbursement | |
| Candidate Name Category/ | Amount of Each Disbursement this Period |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ | |
| | |
| SUBTOTAL of Disbursements This Page (optional) | |
| TOTAL This Period (last page this line number only) | |

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| CHEDULE C (FEC Form 3X) OANS NAME OF COMMITTEE (In Full) 77 MILLION REPUBLICANS LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Cod Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due MIM / D D / MIM / D D / List All Endorsers or Guarantors (if any) to Loan Source | Election: Primary General Other (specify) ▼ |
|---|--|
| IAME OF COMMITTEE (In Full) 77 MILLION REPUBLICANS LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Cod Original Amount of Loan Cumulative Payment To (TERMS Date Incurred Date Due MIM / D D / Y Y M M / D D / List All Endorsers or Guarantors (if any) to Loan Source | Detailed Summary Page FOR LINE 13 OF FORM 3 FUND Election: Primary General Other. (specify) Interest Rate Secured: % (apr) |
| 77 MILLION REPUBLICANS LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Cod Original Amount of Loan Cumulative Payment To find TERMS Date Incurred Date Due Mailing Address Date Incurred Date Due Mailing Address Date Incurred Date Due | Election: Primary General Other (specify) ▼ Interest Rate Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address City City State ZIP Cod Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due List All Endorsers or Guarantors (if any) to Loan Source | Primary General Other (specify) ▼ le Date Balance Outstanding at Close of This F Interest Rate Secured: Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State ZIP Cod Original Amount of Loan Cumulative Payment To I TERMS Date Incurred Date Due M M / D D / Y M M / D D / Y List All Endorsers or Guarantors (if any) to Loan Source | le Balance Outstanding at Close of This F |
| Original Amount of Loan Cumulative Payment To I TERMS Date Incurred Date Due List All Endorsers or Guarantors (if any) to Loan Source | Date Balance Outstanding at Close of This F |
| TERMS Date Incurred Date Due Date Due Date Due Date Due Date Due Date Due Date Due Date Due Date Due | Interest Rate Secured: |
| Date Incurred Date Due | Yes |
| Date Incurred Date Due | Yes |
| 1. Full Name (Last, First, Middle Initial) | |
| | |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State 710 Cada | Amount Guaranteed |
| City State ZIP Code | Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| UBTOTALS This Period This Page (optional) | ······································ |
| OTALS This Period (last page in this line only) | ······ · · · · · · · · · · · · · · · · |

HEDW HWIN WOOD

| LOANS AND LINES OF CREDIT FROM LE Federal Election Commission, Washington, D.C. 20463 | ENDING INSTITUTIONS Information found on Page of Schedule C |
|--|--|
| | FEC IDENTIFICATION NUMBER |
| 77 MILLION REPUT | BLICANS FUND COD541557 |
| LENDING INSTITUTION (LENDER) | Amount of Loan Interest Rate (APR) |
| Full Name | ·····» |
| Mailing Address | Date Incurred or Established |
| 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 incurr | red? 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 othe No Yes If yes, specify: | bit deposit, chattel papers, er similar traditional collateral? Does the lender have a perfected security interest in it? No Yes |
| collateral for the loan? No Yes If yes, | specify: |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Address: |
| Date account established: | City, State, Zip: |
| | |
| | ras pledged for this loan, or if the amount pledged does not equal or exceed n was made and the basis on which it assures repayment. |
| | as pledged for this loan, or if the amount pledged does not equal or exceed |
| the loan amount, state the basis upon which this loar G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the tare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 0 | Pas pledged for this loan, or if the amount pledged does not equal or exceed n was made and the basis on which it assures repayment. DATE DATE < |
| G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the toan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the tare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C AUTHORIZED REPRESENTATIVE Typed Name Market Mark | Pas pledged for this loan, or if the amount pledged does not equal or exceed n was made and the basis on which it assures repayment. DATE DATE < |

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|-----|--|-----------------------------------|--|--------------------------------------|
| | HEDULE D (FEC Form 3X) | | (Use separate | PAGE OF |
| DE | BTS AND OBLIGATIONS | | schedule(s) for each | FOR LINE NUMBER: (check only one) |
| Exc | luding Loans | | numbered line) | (check only one) 9 10 |
| NA | |) | | |
| | 17 MILLION KO | EPUBLICANS | TUND | |
| | A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | Nature of D | ebt (Purpose): |
| | | | | |
| | Mailing Address | | | |
| | City State | Zip Code | | |
| | Outstanding Balance Beginning This Period | | <u> </u> | |
| | | | | |
| | Amount Incurred This Period | Payment This Period | Outstandir | ng Balance at Close of This Period |
| | 00 | | ND | 00 |
| | | | | |
| | B. Full Name (Last, First, Middle Initial) of Debtor c | | Nature of D | ebt (Purpose): |
| | | | | |
| | Mailing Address | | | |
| ļ | City State | Zip Code | | |
| | Outstanding Balance Beginning This Period | | | |
| | | | | |
| | Amount Incurred This Period | Payment This Period | Outstandir | ng Balance at Close of This Period |
| • • | | | | |
| | hand a start with the start has the start ha | | عصعصا الصعد | |
| 1 | C. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | Nature of D | ebt (Purpose) |
| | | | | |
| | Mailing Address | | | |
| | City | State Zip Code | | |
| | | | | |
| | Outstanding Balance Beginning This Period | | | |
| | | | | |
| | Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period |
| | | | | |
| | | <u> </u> | | |
| 1) | SUBTOTALS This Period This Page (optional) | | <u>▶ </u> | |
| 2) | TOTALS This Period (last page this line number of | nly) | | 00 |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page only) | | 0.0 |
| | ADD 2) and 3) and carry forward to appropriate li | | | 0 0 |
| 1" | And and of and carry formation of appropriate in | ne er euninary i age (iast page o | U.S. Barrison Ba | |

| SCHEDU | ILE E | E (FEC | Form | 3X) | • |
|----------|-------|---------|------|-------|-----|
| ITEMIZED | INDE | PENDENT | EXPE | NDITU | RES |

| | | <u>.</u> | · · · · · · · · · · · · · · · · · · · | | FC | R LINE 24 OF FORM 3 |
|--|---|--|---------------------------------------|--|--|--|
| | MITTEE (In Full) | N REPU | BILICANS 7 | TUND | | |
| Check if | 24-hour notice | 48-hour notice | | | | 541557 |
| | (Last, First, Middle Ir | nitial) of Payee | | | Date | |
| | | | · · | | M M / | |
| Mailing Add | iress | · · · · · · · · · · · · · · · · · · · | | | | |
| | · , | | | | Mount | |
| City | | St | ate Zip Code | | | |
| | | | | | | 0(|
| Purpose of | Expenditure | <u> </u> | Category/ | Office : | Sought: | louse State: |
| • | | · · · · | Type | | ⊢ l s | enate District: |
| Name of Fe | ederal Candidate Sur | pported or Opposed by | Expenditure: | | - П.Р | resident |
| | | ··· · · · | | Check | One: S | upport Oppose |
| | | | | Dishure | sement For: | Primary General |
| Calen | ndar Year-To-Date Pe for Offic | er Election ce Sought | | | Other (specif | |
| | | المتعادية المحمد | | | | ^y " ▶ |
| Full Name | (Last, First, Middle II | nitial) of Payee | | 1 | Date | |
| | | | · · | | M M / | |
| Mailing Ado | dress | | | | الصعصا | ╺╼╾┙╵└╌╸╸ |
| | | | | 1 | Amount | |
| City | | SI | ate Zip Code | | | |
| | • | | | | | |
| Purpose of | Expenditure | | Category/ | Office | Sought: | louse State: |
| | | | Туре | المعمد | · | Senate District: |
| Name of F | ederal Candidate Su | pported or Opposed by | Expenditure: | | لببا | President |
| | | | | Check | One: | Support Oppose |
| Calen | ndar Year-To-Date Pe | er Election | | Disbur | sement For: | Primary General |
| | | ce Sought | | . العدة | Other (specif | y) |
| L | | <u> </u> | | | | |
| | TAL of Itomitod Indo | nandant Evnandituraa | | | | |
| | TAL OF REMIZED HIDE | pendent Expenditures | | | البيك كسيا وجاري | |
| | TAL of Unitomized in | ndependent Expenditure | ~ | | | |
| | TAL OF Onlightzed in | | > | ▶ 1 | <u> </u> | U |
| | | | | | | |
| | Independent Expend | ituree | | . 1 | | · · · · · · · · · · · · · · · · · · · |
| | Independent Expend | litures | | | · | 0 |
| | Independent Expend | itures | | ······ • | | 0 |
| (c) TOTAL | Ity of perjury I certify | y that the independent e | expenditures reported | herein were not mad | e in cooperation | , consultation, or conce |
| (c) TOTAL Under penal with, or at th | ity of perjury I certify he request or sugges | y that the independent of stion of, any candidate of | expenditures reported | herein were not mad e or agent of either, | e in cooperation or (if the reporti | t; consultation, or conce ng entity is not a politica |
| (c) TOTAL Under penal with, or at th | ity of perjury I certify he request or sugges | y that the independent e | expenditures reported | herein were not mad e or agent of either, | e in cooperation or (if the reporti | r, consultation, or conce ng entity is not a politica |
| (c) TOTAL Under penal with, or at th | ity of perjury I certify he request or sugges | y that the independent of stion of, any candidate of | expenditures reported | herein were not mad e or agent of either, | e in cooperatior or (if the reporti | n; consultation, or conce ng entity is not a politica |
| (c) TOTAL Under penal with, or at th | ity of perjury I certify he request or sugges | y that the independent of stion of, any candidate of | expenditures reported | e or agent of either, | e in cooperation or (if the reporti | t; consultation, or conce ing entity is not a politica |
| (c) TOTAL Under penal with, or at th | Ity of perjury I certify he request or sugges ittee any political part and political political part and political | y that the independent of stion of, any candidate of | expenditures reported | herein were not mad e or agent of either, Date | e in cooperation or (if the reporti | i, consultation, or conce ing entity is not a politication $\frac{1}{20.1.4}$ |

140% 185 8007

| CHEDULE F (FEC Form 3) EMIZED COORDINATED PAR DITICAL PARTY COMMITTE | | | | | |
|--|--------------|---------------------------------------|---------------------|-----------------|--|
| BEHALF OF CANDIDATES | | | | | PAGE OF |
| | be used only | by Political Com | nittees in the Gene | eral Election) | FOR LINE 25 OF FORM 3X |
| TT MILLION | | BL/CAN | STUND | | Check if 24-hour notice |
| is your committee been designated to ma ordinated expenditures by a political party YES NO YES, name the designating committee: | | Full Name of Subo | ordinate Committee | Sta | le ZIP Code |
| Full Name (Last, First, Middle Initial) of | Each Payee | · · · | | Purpose of Expe | nditure |
| | | | · · · · · · | | Category/ |
| Mailing Address | • | | | Date | Туре |
| City | State | Zip Code | | | |
| Name of Federal Candidate Supported | Office Sough | | State: | Amount | |
| | | Senate Presidential | District: | | _00 |
| Aggregate General Election Expenditure for this Candidate ► | | | 00 | | sed Due to Opponent's Spend S.C. §441a(i)/441a-1) |
| Full Name (Last, First, Middle Initial) of Mailing Address | Each Payee | | | Purpose of Expe | Category/ Type |
| City | State | Zip Code | | Date | ······································ |
| Name of Federal Candidate Supported | Office Soug | ht: House | State: | | |
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| Aggregate General Election Expenditure for this Candidate ► | | | 00 | Limit Rai | sed Due to Opponent's Spen S.C. §441a(i)/441a-1) |
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| UBTOTAL of Expenditures This Page (or | otional) | | ····· > | | 0.0 |
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FEC Schedule F (Form 3X) Rev. 02/2003

FE6AN026

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)

| | USE ONLY ONE SECTION, A or B |
|----|--|
| 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) |
| В. | Separate Segregated Funds and Nonconnected Committees |
| | If the committee will allocate using the flat minimum percentage of 50% federal funds, check |
| | |
| | If the committee is spending more than 50% federal funds, indicate ratio below Federal% |
| | n en |

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| ME OF COMMITTEE | (In Full) ICCION | REPUT | 3LIGAN. | STUNI | > | |
| TIOS FOR ALLOCA | | | IRECT CAND | IDATE SUPPO | DRT | <u></u> |
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| 1. FUNDRAISING expenses mus | activities are alloc t equal the federal | cated using the "fur proportion of moni | nds received es raised. | nethod" wher | e the federal pro | portion of |
| Shared DIREC where the federativity. For PAC federal and no | T CANDIDATE SU eral proportion of d s Only: Direct can infederal candidates using a time/space | PPORT activities a isbursements is ba didate support inclust s, regardless of wh | are allocated a sed on the be udes public c | metit derived | by federal candi s or voter drives | dates from the ac- that refer to both |
| ACTIVITY OR EVENT | IDENTIFIER | | · | FE | DERAL % | NONFEDERAL % |
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| HEDULE H3 (FEC Form ANSFERS FROM NONFEDE LOCATED FEDERAL / NONF | RAL ACCOUNTS FO | | | PAGE | OF |
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| i) Total Administrative | | | L <u></u> | <u> </u> | للم |
| ii) Generic Voter Drive | | | | · · · · · · · · · · · · · · · · · · · | |
| iii) Exempt Activities | | | | <u> </u> | |
| iv) Direct Fundraising (List Activity of | or Event Identifier) | | | | • |
| a) | | | \Box | | |
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| c) Total Amount Transferred For D | | <u></u> | ╺╾┙ | | |
| v) Direct Candidate Support (List A | · . · | | ····· Lt (| <u> }</u> | |
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| a) | | | | | |
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| vi) Public Communications Poterri | n Only to Party (Made by | PAC) | | | |
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FEC Schedule H3 (Form 3X) Rev. 12/2004

| NAME OF COMMITTEE (Ip Full) REPUBLICAMS Fund Full Name (Last, First, Middle Initial) Allocated Activity or Event: Mailing Address Direct Candidate City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Allocated Activity or Event Year-To-Date Activity or Event Identifier: Category/ Total AMOUNT Full Name (Last, First, Middle Initial) Allocated Activity or Event Year-To-Date Mailing Address City State Zip Code Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundraising Mailing Address City State Zip Code Public Comm (ref to party only) by Purpose of Disbursement: Administrative Fundraising Allocated Activity or Event Year-To-Date Mailing Address City State Zip Code Public Comm (ref to party only) by Purpose of Disbursement: Category/ Date Total AMOUNT City or Event Identifier: Category/ Date Total AMOUNT FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT FEDERAL SHARE + NONFEDERAL SHAR | FOR LINE 21a OF FORM 3 | BURSEMENTS FOR ALLOCATED |
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FEC Schedule H4 (Form 3X) Rev. 12/2004

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| | Voter ID Total Amount Transferred for V | /oter ID | | | |
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| iii) | GOTV | · · · | | | |
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| iv) | Generic Campaign Activity | | | GENERIC CA | MPAIGN ACTIVITY |
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FEC Schedule H5 (Form 3X) Rev. 02/2003

FE6AN026

| 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 FUL) 77 MILLION REPUBLICANS FUND | |
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign |
| Mailing Address | Allocated Activity or Event Year-To-Date |
| City State Zip Code Category/ | |
| FEDERAL SHARE + LEVIN SHARE | |
| | 00 |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign |
| Mailing Address | Allocated Activity or Event Year-To-Date |
| City State Zip Code | |
| Туре | Date |
| FEDERAL SHARE + LEVIN SHARE | = TOTAL AMOUNT |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig Allocated Activity or Event Year-To-Date |
| Mailing Address City State | |
| Purpose of Disbursement Category/ Type | Date |
| FEDERAL SHARE + LEVIN SHÄRE | = TOTAL AMOUNT |
| SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE | = TOTAL AMOUNT |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE | o 30(a)(ii)) TOTAL AMOUNT |
| LEVIN SHARE | |
| TOTAL This Period for the Levin Share | EEC Sabadula HE /Earm 3Y) Boy 02/20 |

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EC Schedule H6 (Form 3X) Rev. 02/20

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

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|---|--|-------------------------------|--------------------------|
| | | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
| | RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A) | <u> </u> | |
| | (b) Unitemized | 0.0 | 0 |
| | (c) Total | | 0 |
| | OTHER RECEIPTS | 0.0 | 0 |
| | TOTAL RECEIPTS | 00 | 0 |
| | TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| | (a) Voter Registration | 0.0 | |
| | (b) Voter ID | | |
| | (c) GOTV | | |
| | (d) Generic Campaign | 0.0 | |
| | (e) Total | 0.0 | |
| | OTHER DISBURSEMENTS | 0.0 | |
| | TOTAL DISBURSEMENTS | 0.0 | |
| | BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) | 0.0 | |
| | RECEIPTS (trom Line 3) | 0.0 | |
| | SUBTOTAL | | |
| | DISBURSEMENTS (From Line 6) | 0.01 | |
| | ENDING CASH ON HAND | | \bigcap |

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| CHEDULE L | -A (FEC Form 3X) | | oporato estadula(a) | PAGE OF |
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| Mailing Address | | | | Amount of Each Receipt this Period |
| City | · · · · · · · · · · · · · · · · · · · | State | Zip Code | |
| Name of Employe | er or Principal Place of Business | <u>.</u> | | Aggregate Year-to-Date |
| Occupation | | | | |
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| Occupation | | • | | |
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| SUBTUTAL of Rec | eipts This Page (optional) | | ····· • | |
| TOTAL This Period | I (last page this line number only) | | | |

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FEC Schedule L-A (Form 3X) Rev. 02/2003

| Any Information copied from such Reports and Statements may not be solid or used by any person for the purpose of collecting contributions from such committee NAME OF COMMITTEE (in Full) REPUBLICANS FUMD Full Name (Last, First, Middle Initial) / Full Organization Name Value or Collection of the solid of the solid of the purpose of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name City State Zip Code Full Name (Last, First, Middle Initial) / Full Organization Name Full Name (Last, First, Middle Initial) / Full Organization Name Full Name (Last, First, Middle Initial) / Full Organization Name Full Name (Last, First, Middle Initial) / Full Organization Name Full Name (Last, First, Middle Initial) / Full | CHEDULE L–B (FEC Form 3X) EMIZED DISBURSEMENTS F LEVIN FUNDS | Use separate schedule(s) for each category of the Aggregation Page | FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4b 4d |
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| USPS Registered/Certified | Postmarked (R/C) |
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| Overnight Delivery Service (Specify): | Shipping Date |
| Νε | ext Business Day Delivery |
| Received from House Records & Registration (| 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 | 12/10/14 DATE PREPARED |
| (8/2013) | DATE PREPARED |