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Use Only

## **FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

|  |   |  |  |                                |  |                        | Office Use Only      | . :   |
|--|---|--|--|--------------------------------|--|------------------------|----------------------|---|
| 1. NAMI<br>COM                                   | E OF<br>MITTEE (in full)  | TYPE OR PRINT                                    |  | mple: If typir<br>r the lines. |  | 2FE4M5                 |                      | -<br>-<br>-   |
| Calu   | VIEIT SIEINITI  | Commun   | <u>ॏ</u> ॼ॔८।₩⊦₹ऻ∤ढ़   | ו יאוען                        | عمد ال   | A (C+ 1 1              |                      | <u> </u>  |
|  | 1   |  | 1 1 1  | <u> </u>                       | 1-1-1-1  | <u>i I L _ L</u>       | 1 1 1 1 1            | <del>-  -  -  -  -  -  -  -  -  -  -  -  -  -</del> |
| AODRESS  | S (number and street)   | 31.3 Bo  | )   S   T   O   ()   | POLSITI                        | RIOIAIDI   | <u>    W   E   1</u>   | <u> </u>             |   |
|  | Check if different  | <del>                                     </del> | <u> </u>   |                                | <del>                                     </del> | <u>!.</u>              | <u> </u>             | <del></del>   |
|  | han previously<br>reported. (ACC)   | MIN RILL BO                                      | 12014161H1   | 1 1 1                          | ا ليب  | MA                     | 01/171512-           |   |
| 2. FEC   | IDENTIFICATION N  | UMBER ▼  | C∏Y▲   |                                | s.   | TATE 🛦                 | ZIP COI              | DE A  |
| С  | 004133  | 2-8  | 3. IS THIS<br>REPORT   | 04/8                           | NEW<br>(N) OR                                    | AM<br>(A)              | ENDED                | :<br>:<br>:   |
|  | E OF REPORT<br>ose One)   | (b) Monthly<br>Report<br>  Due On:               | Feb 20 (M2)  |                                | May 20 (M5)                                      | Marian P.<br>Specifika | 20 (M8)              | Nov 20 (M11)<br>(Non-Election<br>Year Only)         |
| (a)  | Quarterly Reports:  |  | Mar 20 (M3)  |                                | Jun 20 (M6)                                      | Sep !                  | 20 (PM) 02           | Dec 20 (M12)<br>(Non-Election<br>Year Only)         |
| 977  | April 15  |  | Apr 20 (M4)  |                                | Jul 20 (M7)                                      | Oct 2                  | 20 (M10)             | Jan 31 (YE)   |
| V  |   | (C) 12-Day                                       |  | Primary (12F                   | 2)   | Genera⊦ (              | 12G)                 | Runoff (12R)  |
|  | July 15<br>Quarterly Report (   | (02)   | lection<br>t for the:  | Convention (                   | (12C)  | Special (              | 125)                 | :   |
|  | October 15<br>Quarterly Report (  |  | the state of the s |                                | Bend   |                        |                      |   |
|  | January 31<br>Year-End Report   | (YE)   | Election on  | /                              |  |                        | In the<br>State o    |   |
|  | July 31 Mid-Year<br>Report (Non-elect<br>Year Only) (MY)  | POST   | y<br>-Election<br>t for the:   | General (300                   | G)   | Runoff (3              | OR)                  | ;<br>Special (30S)                                  |
|  | Termination Report (TER)  |  | Election on  | <b>A VII</b> /                 |  |                        | in the<br>State o    |   |
| 5. Cove  | aring Period  | 7 0.1  | 2006   | through                        | 0.3  | 31                     | 2006                 | ;<br>!  |
| _  | 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 E(ic b. Swimbolm |   |  |  |                                |  |                        |                      |   |
| Signature  | Signature of Treasurer List Dhund Date 05 22 2006   |  |  |                                |  |                        |                      |   |
| NOTE: S  | ubmission of false, erro  | neous, or incomplete                             | information may s  | ubject the per                 | rson signing thi                                 | is Report to th        | ne penalties of 2    | J.S.C. §437g.                                       |
| 1  | Office<br>Use   |  |  |                                |  |                        | FEC FOR<br>Rev. 12/2 |   |

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| FEC I | Form | 3X | /Rev | 02/2003) |
|-------|------|----|------|----------|

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00 00 00 Page 2

|                                    |            |             |                  |  | COLUMN<br>This Peri                           |                         |            |              | Cale        | COLUI<br>ndar Ye |             | Date |                |
|------------------------------------|------------|-------------|------------------|--|---|-------------------------|------------|--------------|-------------|------------------|-------------|------|----------------|
| 2                                  | 20.0.      | <u> </u>    |                  |  |   |                         |            |              |             |                  | 9 8         | 97   | <u>.</u><br>5. |
| t<br>corting Po                    | Period     |             |                  |  | 9 <u>,</u> e                                  | 9.7                     | 55         |              |             |                  |             | :    |                |
| rom Line                           | e 19)      |             |                  | -20  |   |                         |            |              | lean de mal |                  |             |      | Santa<br>Santa |
| nes 6(b) a<br>A and Lir<br>Column  |            |             |                  | The state of the s | 9ූ ස  | 92.                     | <u>55</u>  |              |             |                  | 28          | 97   | <u>.5</u>      |
| (from Line                         | ine 31)    |             |                  |  | , 2, c  | ् ००                    | <i>و</i> ی |              | -           |                  | <u>2, C</u> | တ    | 0              |
| se of<br>Line 6(d                  | (d))       |             |                  | - 26   |   | 9.7.                    |            |              |             |                  | 7, 8        | 9,7  |                |
| s Owed 7<br>ze all on<br>chedule l |            | <del></del> |                  |  |   |                         | <b>—</b>   |              |             |                  |             | i    |                |
| s Owed i<br>ze all on<br>chedule i |            |             |                  |  |   | · · -                   | _          |              |             |                  |             |      |                |
| as qualifi                         | ified as a | multic      | candidate c      | ommitte  | e. ( <del>see</del> Fl                        | EC FOR                  | /I 1M)     |              |             |                  |             | :    |                |
|                                    |            |             | For furt         | her inf  | ormatio                                       | n conta                 | ıct:       | <del> </del> |             |                  |             | :    |                |
|                                    |            |             | Feder<br>(<br>Wa | al Elec<br>999 E<br>ashingto   | ormation<br>tion Con<br>Street, N<br>on, DC 2 | nmissioi<br>IW<br>20463 |            |              |             |                  |             |      | :              |

Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

| Wr  | ite or Type Committee Name   |  | :  |
|-----|--|--|--|
|     | CONVERSENT COMMUNIC  | ATIONS DOC. PAR  | · · · · · · · · · · · · · · · · · · ·  |
| Re  | port Covering the Period: From:                                    | 7 0/1 2006 1   | 2006   |
|     | i. Receipts  | COLUMN A<br>Total This Period  | COLUMN B<br>Calendar Year-to-Date  |
| 11. | Contributions (other than loans) From:                             |  |  |
|     | (a) Individuals/Persons Other                                      |  |  |
|     | Than Political Committees  |  |  |
|     | (i) Itemized (use Schedule A)                                      |  |  |
|     | (ii) Unitemized  |  |  |
|     | (iii) TOTAL (add   |  |  |
|     | Lines 11(a)(i) and (li)▶   | S. A. Marker Charles   |  |
|     | #13  |  |  |
|     | (b) Political Party Committees                                     |  |  |
|     | (c) Other Political Committees (such as PACs)                      |  |  |
|     | (d) Total Contributions (add Lines                                 | Anna Anna Anna Anna Anna Anna Anna Anna  | Andrew Constitution of the State of the Stat |
|     | 11(a)(iii), (b), and (c)) (Carry                                   | <del></del>  | <del></del>  |
|     | Totals to Line 33, page 5)   |  |  |
| 12. | Transfers From Affiliated/Other                                    |  |  |
|     | Party Committees   |  |  |
|     |  | Secretary and an expense of spirit formal fo       |  |
| 13. | All Loans Received   |  |  |
|     |  |  |  |
| 14. | Loan Repayments Received   |  |  |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.)         |  | ;  |
|     | (Carry Totals to Line 37, page 5)                                  | 1  |  |
| 16. | Refunds of Contributions Made                                      | had a decided the state of the        |  |
|     | to Federal Candidates and Other                                    |  |  |
|     | Political Committees   |  |  |
| 17. | Other Federal Receipts   |  |  |
| 45  | (Dividends, Interest, etc.)  |  |  |
| 18. | Transfers from Non-Federal and Levin Funds (a) Non-Federal Account |  |  |
|     | (from Schedule H3)   |  |  |
|     | (12111 22112 110)  |  |  |
|     | (b) Levin Funds (from Schedule H5)                                 |  |  |
|     | (4)  |  |  |
|     | (c) Total Transfers (add 18(a) and 18(b))                          |  |  |
|     |  | ACTURES TO A 18 TO A 46 THE PARTY WITH A STATE OF THE PARTY OF THE PAR       |  |
|     |  |  | ·  |
| 19. | Total Receipts (add Lines 11(d),                                   | <u> 18 - Paris de la compansión de personal de la compansión de la compansió</u> |  |
|     | 12, 13, 14, 15, 16, 17, and 18(c))                                 |  |  |
|     |  | tankan 3. On tankan Madagarah Santan S   |  |
| 20. | Total Federal Receipts   |  |  |
|     | (subtract Line 18(c) from Line 19)▶                                |  | 123 de  |
|     |  |  |  |

from Line 31).....

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#### **DETAILED SUMMARY PAGE**

of Disbursements Page 4 FEC Form 3X (Rev. 02/2003) **COLUMN B** COLUMN A II. Disbursements Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (2 U.S.C. §441a(d)) (use Schedule F) ..... 26. Loan Repayments Made..... 27. Loans Made..... 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees ..... (b) Political Party Committees ..... Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))............► 29. Other Disbursements ...... 30. 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)).... ▶ Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

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### **DETAILED SUMMARY PAGE**

of Disbursements

Page 5

| II. Net Contributions/Operating Ex-<br>penditures | COLUMN A Total This Period   | COLUMN B<br>Calendar Year-to-Date |
|---|--|-----------------------------------|
| 3. Total Contributions (other than loans)         |  |                                   |
| (from Line 11(d), page 3)                         |  |                                   |
| 4. Total Contribution Refunds                     |  |                                   |
| (from Line 28(d))                                 |  |                                   |
| . Net Contributions (other than loans)            | The state of the s |                                   |
| (subtract Line 34 from Line 33)                   |  |                                   |
| i. Total Federal Operating Expenditures           |  |                                   |
| (add Line 21(a)(i) and Line 21(b)) ▶              | [<br>[   | <u></u>                           |
| 7. Offsets to Operating Expenditures              |  |                                   |
| (from Line 15, page 3)                            |  |                                   |
| Net Operating Expenditures                        |  |                                   |
| (subtract Line 37 from Line 36)                   | \  |                                   |

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## SCHEDULE A (FEC Form 3X)

PAGE FOR LINE NUMBER: QF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11b 12 11a 11c Detailed Summary Page 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) None Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Zip Code State City Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) w Full Name (Last, First, Middle Initial) Date of Receipt В. Mailing Address Zip Code City State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Name of Employer Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) w Full Name (Last, First, Middle Initial) Date of Receipt C. Mailing Address Zip Code City State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Öccupation Name of Employer Receipt For: Aggragate Year-to-Date ▼ Primary General Other (specify) > SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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|             | HEDULE B (FEC Form 3X)   | Usa separate schedule(s)                                     | FOR LINE                         |  | PAGE / OF /                                    |  |  |  |  |  |
|-------------|--|--|----------------------------------|--|--|--|--|--|--|--|
| ITE         | MIZED DISBURSEMENTS  | for each category of the                                     | (check only                      | one)   | ] 24   7   25   7   26                         |  |  |  |  |  |
|             |  | Detailed Summary Page  | 27                               | 28a 28b  | 28c 29 30b                                     |  |  |  |  |  |
| Any<br>or f | information copied from such Reports and Staten<br>or commercial purposes, other than using the name | nents may not be sold or us<br>te and address of any politic | sed by any personal committee to | on for the purpose of s<br>solicit contributions fro   | oliciting contributions<br>in such committee.  |  |  |  |  |  |
| <u> </u>    | NAME OF COMMITTEE (In Full)  |  | <del>.</del> :                   |  | ,  |  |  |  |  |  |
| 2           | Converser Communic   | ections, Inc.  | PAC                              |  | ·<br>·   |  |  |  |  |  |
| Α.          | Date of Dishusesment   |  |                                  |  |  |  |  |  |  |  |
| i           | Mailing Address  |  |                                  | 02 13  | 2006   |  |  |  |  |  |
|             | 2285. WAShwyton St   | State Zip Code   | -20                              |  |  |  |  |  |  |  |
| •           | wirj   | State Zip Code<br>A 2231Y                                    |                                  |  | :  |  |  |  |  |  |
|             | Purpose of Disbursement CAMPA(60) Continuent   | 22.  |                                  | Amount of Each Dis   | bursement this Period                          |  |  |  |  |  |
|             | Candidate Name   | 100  | Category/                        |  |  |  |  |  |  |  |
|             |  | PRING  | Туре                             |  | 2000   |  |  |  |  |  |
|             | Office Sought: House Disburser Senate  | nent For: * Primary  |                                  |  |  |  |  |  |  |  |
|             | President  | Other (specify)  |                                  |  | ı  |  |  |  |  |  |
|             | State: MS District: 3  |  | ·                                | ····   |  |  |  |  |  |  |
|             | Full Name (Last, First, Middle Initial)  |  |                                  | Date of Disburseme   | ent  |  |  |  |  |  |
| В.          |  |  |                                  |  |  |  |  |  |  |  |
|             | Mailing Address  |  |                                  |  |  |  |  |  |  |  |
|             | City   | State Zip Code   | !                                |  |  |  |  |  |  |  |
|             | Purpose of Disbursement  |  |                                  | Amount of Each Dir   | sbursement this Period                         |  |  |  |  |  |
|             | Candidate Name   | <u></u>  | Catograph                        | Amount of Each Dis   | !.   |  |  |  |  |  |
|             |  |  | Category/<br>Type                | h. 1   | <u> </u>                                       |  |  |  |  |  |
|             |  | ment For:  |                                  |  |  |  |  |  |  |  |
|             | Senate<br>President  | Primary General Other (specify) ▼                            |                                  |  |  |  |  |  |  |  |
|             | State: District:   |  |                                  |  | <u></u>  |  |  |  |  |  |
|             | Full Name (Lest, First, Middle Initial)  | ···  |                                  | Date of Disburseme   | ant .  |  |  |  |  |  |
| C.          |  |  |                                  | Date of Disputsering   |  |  |  |  |  |  |
|             | Mailing Address  |  |                                  |  |  |  |  |  |  |  |
|             | City   | State Zip Code   |                                  | _  |  |  |  |  |  |  |
|             | Purpose of Disbursement  | <u> </u>   |                                  | Amount of Each Di  | sbursement this Period                         |  |  |  |  |  |
|             | Candidate Name   | <u></u>  | Category/<br>Type                |  |  |  |  |  |  |  |
|             | Office Sought: House Disburse  | ment For:  | ·                                | Patrice of Section 1990 Care Cities  |  |  |  |  |  |  |
|             | Senate<br>President  | Primary General  |                                  | ļ  |  |  |  |  |  |  |
|             | President  <br>State: District:  | Other (specify)  |                                  |  | :  |  |  |  |  |  |
|             | <u></u>  |  |                                  | The same of the sa |  |  |  |  |  |  |
| s           | UBTOTAL of Disbursements This Page (optional).   |  | ······                           | Landon Land Donath   | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |  |  |  |  |  |

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

| CHEDULE C (FEC For                | n 3x)  | <del></del> -                                     | T  |
|-----------------------------------|--|---|--|
| DANS                              |  | Use separate schedule(s)                          | PAGE OF  |
| y. 117 <del>0</del>               |  | for each category of the<br>Detailed Summary Page | FOR LINE 13 OF FORM 3X   |
| AME OF COMMITTEE (In Full)        |  |   | <del></del>  |
| Conversent (                      | onnuncetions.                                    | Drc. PAR  |  |
| LOAN SOURCE Full Name (La         | st, First, Middle Initial)                       |   | lection:   |
|                                   | MA   | <b> </b> -  | Primary General  |
| Mailing Address                   |  | ····  | Other (specify)  |
| Citý                              | State Z  | P Code  | · · · · · · · · · · · · · · · · · · ·  |
| Original Amount of Loan           | Cumulative Payme                                 | •   | Outstanding at Close of This Perio   |
|                                   |  |   |  |
| TERMS                             |  |   |  |
| Date Incurred                     | · · ·  | Due Interest Rate                                 | Secured:   |
|                                   |  |   | % (apr) Yes No   |
| List All Endorsers or Guaranto    | re (if any) to Loan Source                       |   |  |
| 1. Full Name (Last, First, Midd   |  | Name of Employer                                  | <del></del>  |
| 11 1 40 104 10 (200)              | - · · · · · · · · · · · · · · · · · · ·          |   |  |
| Mailing Address                   | · · · · · · · · · · · · · · · · · · ·            | Occupation  |  |
|                                   |  | Amount 8  |  |
| City                              | State ZIP Code                                   | Guaranteed  |  |
|                                   |  | Outstanding.                                      |  |
| 2. Füll Näme (Last, First, Middle | e Initial)                                       | Name of Employer                                  |  |
| Mailing Address                   |  | Occupation  | <del></del>  |
|                                   |  |   |  |
| City                              | State ZIP Code                                   | Amount Guaranteed                                 |  |
| City                              | Otate 211 Codo                                   |   | Name of Street, Street |
| 3. Full Name (Last, First, Middle | e Initial)                                       | Name of Employer                                  |  |
| Mailing Address                   | <u> </u>   | Occupation  |  |
|                                   |  |   | <u></u>  |
|                                   | Custo 210 Codo                                   | Amount Guaranteed                                 |  |
| City                              | State ZIP Code                                   |   |  |
| 4. Full Name (Last, First, Middle | e Initial)                                       | Name of Employer                                  | · · · · · · · · · · · · · · · · · · ·  |
| Mailing Address                   |  | Occupation  | · · · · · · · · · · · · · · · · · · ·  |
| _                                 |  |   | · · · · · · · · · · · · · · · · · · ·  |
| Cibe                              | State ZIP Code                                   | Amount Guaranteed                                 |  |
| City                              | CIEG EN COUR                                     |   |  |
| <u> </u>                          | <del>,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |  |
| SUBTOTALS This Period This Pa     | ge (ontional)                                    |   |  |
| SOPTOTALS THIS PERIOD THIS PA     | A. (Abriona)                                     |   |  |
| TOTALS This Period (last page in  | this line only)                                  | <b>&gt;</b>                                       |  |
| Carry outstanding balance only to | LINE 3. Schedule D. for this 1                   | ine. If no Schedule D, carry forws                | rd to appropriate line of Summary  |
| CELLY CATCHERING MOINING VINE V   | ,,   |   |  |

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| CHEDULE D (FEC Form 3X)  |  | (Use separate                                 | PAGE OF  |
|--|--|---|--|
| EBTS AND OBLIGATIONS   | schedule(s)                                  | FOR LINE NUMBER:                              |  |
| cluding Loans  | for each<br>numbered line)                   | (check only one) . 9                          |  |
| IAME OF COMMITTEE (In Full)  |  | <u> </u>                                      | <u> </u>   |
| Converser Comme  | Lators Took Pa                               | <b>.</b>                                      | •  |
| A. Full Name (Last, First, Middle Initial) of  | Debtor or Creditor                           |   | Debt (Purpose):  |
| 1  |  |   |  |
| No. 111 Address  | <u>""                                   </u> |   |  |
| Malling Address  |  |   | :  |
| City State   | Zip Code                                     |   |  |
| <u></u>  | ·  |   |  |
| Outstanding Balance Beginning This Per   |  |   |  |
|  |  |   | !  |
| Amount Incurred This Period  | Payment This Period                          |   | ing Balance at Close of This Period  |
|  |  |   |  |
|  |  |   |  |
| B. Full Name (Last, First, Middle Initial) of  | Debtor or Creditor                           | Nature of I                                   | Debt (Purpose):  |
|  | •  | Ì   | •  |
| Mailing Address  |  |   |  |
| City State   | Zip Code                                     | <del></del>                                   |  |
| City Glatte  |  |   | · · · · · · · · · · · · · · · · · · ·  |
| Outstanding Balance Beginning This Per   | riod   |   | :  |
| The state of the s | <del>::</del>                                |   | •  |
| Amount Insurant This Ported  | Payment This Perio                           | d Outstand                                    | Ing Balance at Close of This Period  |
| Amount Incurred This Period  | ·  |   |  |
|  |  |   |  |
| C. Full Name (Last, First, Middle Initial) o   | of Debtor or Creditor                        | Nature of                                     | Debt (Purpose):  |
|  |  | İ   | :  |
| Mailing Address  |  |   | !  |
| Maining Address  |  |   |  |
| City   | State Zip Code                               |   | !  |
|  |  | <u>.</u>                                      | <del></del>  |
| Outstanding Balance Beginning This Pe  | erica<br>Parag                               |   |  |
|  |  |   | · .  |
| Amount Incurred This Period  | Payment This Perio                           | -   | ling Balance at Close of This Period   |
|  |  |   |  |
| Bernald Branch Branch Branch Branch  | hand bedracker Mandacather Mandaca           | Annal Annal Annal Annal Annal Annal Anna Anna | All the Control of th |

| 1) | SUBTOTALS This Period This Page (optional)   | <u>*</u> |  |
|----|--|----------|--|
| 2) | TOTALS This Period (last page this line number only)                                 | <u> </u> |  |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C (last page only)                             | <u> </u> |  |
| 4) | ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | •        |  |

Signature

| SCHEDULE E (FEC Form  |                               |   |  | PAGE  | [OF]                                    |
|---|-------------------------------|---|--|---|---|
| ITEMIZED INDEPENDENT EXP  |                               |   |  |   | 24 OF FORM 3X                           |
| NAME OF COMMITTEE (In Full)   |                               |   | FE                                       | C IDENTIFICATION                                  | <u>i</u> _                              |
| Conversant (  | <u>cotto perma</u>            | 5 Doc Por   |  | 3 4 4 3   |   |
| Check if 24-hour notice   | 48-hour notice                |   | Li-                                      |   | <del></del>                             |
| Full Name (Last, First, Middle Initia   | ) of Payee                    |   | Date                                     |   | :                                       |
| W   | MA                            |   |  | / 10 0 /  |   |
| Mailing Address   |                               |   | Amount                                   | And House Street                                  | <u> </u>                                |
| City  | State                         | Zip Code  |  | <del></del>                                       | <del>aging against</del>                |
|   |                               |   |  |   |   |
| Purpose of Expenditure  |                               | Category/<br>Type                                     | Office Sought:                           | House<br>Senate                                   | State:                                  |
| Name of Federal Candidate Suppo   | rted or Opposed by Expendit   | ture:   | 1  | President   |   |
| ,,  | ••                            |   | Check One:                               | Support   | Oppose                                  |
| Calendar Year-To-Date Per E<br>for Office S   |                               |   | Disbursement F                           | for: Primary (specify)                            | General                                 |
| Full Name (Last, First, Middle Initia   | (f) of Payee                  |   | Date                                     |   | · · · · · · · · · · · · · · · · · · ·   |
| ,   | •                             |   | <b>PR-67</b>                             | M / 10 10 /                                       | *****                                   |
| Mailing Address   |                               |   | Amount                                   |   |   |
| City  | State                         | Zip Code  |  |   |   |
|   |                               |   |  |   | Chata                                   |
| Purpose of Expenditure  |                               | Category/<br>Type                                     | Office Sought:                           | House<br>Senate                                   | State:                                  |
| Name of Federal Candidate Suppo   | rted or Opposed by Expendi    | iture:  | Check One:                               | President Support                                 | Oppose                                  |
| Calendar Year-To-Date Per E<br>for Office \$  |                               |   | Disbursement f                           | For: Primary                                      | General                                 |
|   |                               |   | 3  | # <del>************************************</del> |   |
| (a) SUBTOTAL of Itemized Indepen  | ident Expenditures            | ***************************************               |  |   |   |
| (b) SUBTOTAL of Unitemized Inde   | pendent Expenditures          | IBPI 1414961   1 1991   1719 11 44/                   | 🕨  |   |   |
| (c) TOTAL Independent Expenditur  | ės ,                          |   | ·· •                                     | 4)%   |   |
| Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party | n of, any candidate or author | ures reported herein were<br>rized committee or agent | not made in coo<br>of either, or (if the | peration, consultant reporting entity             | ation, or concert<br>is not a political |
|   |                               |   |  | TANKS Phys.                                       |   |
|   |                               | Dat   |  |   |   |
| Signature   |                               |   | Brandway 1800                            | atronopia op                                      |   |

CCC ALIANCE

| WHEN ASSESSMENTED DAD  | ()<br>Dy Evnelinition                             | e MADE DV                                   |  |  |
|--|---|---|--|--|
| MIZED COORDINATED PAR'<br>LITICAL PARTY COMMITTEE  | Y EXPENDITURE<br>SO OR DESIGNAT                   | S WADE BY                                   |  |  |
| BEHALF OF CANDIDATES   | FOR FEDERAL O                                     | FFICE                                       |  | PAGE OF  |
| ((h)otAN3  | e used only by Politica                           |   | eneral Election)   | FOR LINE 25 OF FORM  |
| IE OF COMMITTEE (In Full)  | :   | <u></u>                                     |  | —————————————————————————————————————  |
| Conversent Co  | mmunicatio  | ns Anc.                                     | امحر   | 24-hour notice   |
| your committee been designated to ma   |   | of Subordinate Committe                     | ėe   |  |
| dinated expenditures by a political party  NO  | committee?  | }   |  |  |
| ES, name the designating committee:  | Mailing Ad  | dress                                       |  |  |
|  | City  |   | Stat   | e ZIP Code   |
|  | J. J.   |   |  | <u> </u>   |
| Full Name (Last, First, Middle Initial) of   | Each Payee  |   | Purpose of Expe  | nditure  |
|  |   |   |  | Catego<br>Type   |
| Mailing Address  |   |   | Date   |  |
| City   | State Zip   | Code  |  | ,  |
| Name of Federal Candidate Supported  | Office Sought: Hou                                |   | Amount   | i i  |
|  | Sen<br>Pres                                       | ate District:<br>sidential                  | -   ]  |  |
| Aggregate General Election   |   | -   |  | and Dun to Comments St   |
| Expenditure for this Candidate   |   | L-de-En-An-                                 |  | ted Due to Opponent's Sp<br>S.C. §441a(i)/441a-1)  |
| Full Name (Last, First, Middle Initial) of   | Each Payes  | ···   | Purpose of Expe  | nditure enutibn  |
| (  |   |   |  | Coron  |
| Mailing Address  |   |   | ·  | Catego<br>Type   |
|  |   | n Code                                      | Date   |  |
| City   | State Zi  | p Code                                      |  |  |
| Name of Federal Candidate Supported  | Office Sought: Hou                                |   | 4  | A  |
|  |   |   | Amount   |  |
|  | Sen   | 1   |  |  |
| A Consum Floation  | <b>I</b>  | sidential                                   |  |  |
| Aggregate General Election Expenditure for this Candidate  | Pre   | sidential                                   | Limit Raling (2 U.                                       | sed Due to Opponent's Sp<br>S.C. §441a(i)/441a-1)  |
| Aggregate General Election   | Pre   | sidential                                   | Limit Ral  | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)   |
| Expenditure for this Candidate   | Pre   | sidential                                   | Limit Raling (2 U.                                       | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>anditure   |
| Expenditure for this Candidate   | Pre   | sidential                                   | Limit Raling (2 U.                                       | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>anditure   |
| Expenditure for this Candidate Full Name (Last, First, Middle Initial) of  | Each Payes  | sidential                                   | Purpose of Expe  | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>enditure<br>Catego<br>Typ  |
| Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Mailing Address  | Each Payes  State  Zi  Office Sought: Hou         | p Code                                      | Purpose of Expe  | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>enditure<br>Catego<br>Typ  |
| Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Mailing Address  City  | Each Payes  State  Zi  Office Sought: Hou         | ip Code use State: nate District:           | Date Amount  | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>enditure<br>Catego<br>Typ  |
| Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Mailing Address  City  Name of Federal Candidate Supported                             | Each Payes  State  Zi  Office Sought: Hou         | ip Code  use State: nate District:          | Date  Amount   | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>enditure<br>Catego<br>Typ  |
| Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Mailing Address  City  Name of Federal Candidate Supported  Aggregate General Election | Each Payes  State  Zi  Office Sought: Hou Ser Pre | sidential  p Code use State: nate District: | Date  Amount  Limit Ral  Limit Ral  Date                 | sed Due to Opponent's S<br>S.C. §441a(i)/441a-1)<br>enditure<br>Category   |
| Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Mailing Address  City  Name of Federal Candidate Supported  Aggregate General Election | Each Payee  State  Zi  Office Sought: Hou Ser Pre | sidential  p Code use State: nate District: | Date  Amount  Limit Ral  ing (2 U.  Limit Ral  ing (2 U. | sed Due to Opponent's Sp.C. §441a(i)/441a-1)  orditure  Category  Type  sed Due to Opponent's Special Section (Component)  Category  Cat |

### 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)  | j |
|--|---|
| Convergent Communications Doc. Post  |   |
| 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)  | ! |
|  |   |
|  |   |
| D. Congresso Sparogeted Eunds and Nonconnected Committees  |   |
| B. Separate Segregated Funds and Nonconnected Committees   | : |
| Flat Minimum Federal Percentage  |   |
|  |   |
| Flat Minimum Federal Percentage  |   |
| Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  |   |
| Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check Cor  |   |
| 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          |   |
| 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 |   |

## SCHEDULE H2 (FEC Form 3X)

| LLOCATION RATIOS   | PAGE OF  |
|--|--|
| AME OF COMMITTEE (In Full)   |  |
| Conversent Communications mc Porc  | <del></del>  |
| ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT<br>ACTIVITIES APPEARING ON THIS REPORT.  | - !<br>!<br>!  |
| fethods of allocation:   | :  |
| <ol> <li>FUNDRAISING activities are allocated using the "funds received method" where the fe<br/>expenses must equal the federal proportion of monles raised.</li> </ol>   |  |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit exwhere the federal proportion of disbursements is based on the benefit derived by federativity. For PACs Only: Direct candidate support includes public communications or vote federal and nonfederal candidates, regardless of whether there is a reference to a policare allocated using a time/space method. | eral candidates from the ac-<br>er drives that refer to both |
| ACTIVITY OR EVENT IDENTIFIER   |  |
| FEDERAL 9  | % NONFEDERAL %   |
| ACTIVITY IS:  Fundraising Direct Candidate Support   | % %  |
| CHECK IF THE RATIO IS:   |  |
| New Revised Same as Previously Reported  |  |
| ACTIVITY OR EVENT IDENTIFIER   |  |
| ACTIVITY IS:   | % NONFEDERAL %   |
| Fundraising Direct Candidate Support   | % %  |
| CHECK IF THE RATIO IS:   |  |
| New Revised Same as Previously Reported  |  |
| ACTIVITY OR EVENT IDENTIFIER   | NONECCEDAL W   |
| ACTIVITY IS:   |  |
| Fundraising Direct Candidate Support   | % %  |
| CHECK IF THE RATIO IS:    New  |  |
| New Revised Same as Previously Reported  |  |
| ACTIVITY OR EVENT IDENTIFIER FEDERAL   | % NONFEDERAL %   |
| ACTIVITY IS:   |  |
| Fundraising Direct Candidate Support   | %  %   |
| CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  | '  |
|  | :  |
| ACTIVITY OR EVENT IDENTIFIER FEDERAL   | % NONFEDERAL %   |
| ACTIVITY IS:   |  |
| Fundraising Direct Candidate Support   | %  |
| CHECK IF THE RATIO IS:    New  | :  |
|  | · · · · · · · · · · · · · · · · · · ·                        |
| ACTIVITY OR EVENT IDENTIFIER FEDERAL   | % NONFEDERAL %   |
| ACTIVITY IS:   |  |
| Fundraising Direct Candidate Support   |  |
| CHECK IF THE RATIO IS:    New   Revised   Same as Praviously Reported  |  |
|  | ·  |

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

| PAGE     | ÖF     |      |    |
|----------|--------|------|----|
| FOR LINE | 18a OF | FORM | 3X |

| NAME OF COMMITTEE (In Full)                         | ^  |                                       |
|---|--|---------------------------------------|
| Conversent Communi                                  | ations, For Pro  | · · · · · · · · · · · · · · · · · · · |
| NAME OF ACCOUNT                                     | DATE OF RECEIPT  | TOTAL AMOUNT TRANSFERRED              |
|   |  |                                       |
| BREAKDOWN OF TRANSFER RECEIVED                      |  | <del></del>                           |
| i) Țotal Administrative                             |  |                                       |
| (i) Generic Voter Drive                             |  |                                       |
| iii) Exempt Activities                              | ·  |                                       |
| iv) Direct Fundralsing (List Activity or Event Iden | ntifier)   |                                       |
| a)  |  | ·                                     |
|   |  | المحدة .<br>المحادثي                  |
| b)  |  |                                       |
| c) Total Amount Transferred For Direct Fundra       | nising   |                                       |
| v) Direct Candidate Support (List Activity or Ev    | ent Identifier)  | !                                     |
| a)  |  |                                       |
| · · · · · · · · · · · · · · · · · · ·               |  |                                       |
| b)  | Constitution of the Consti |                                       |
| c) Total Amount Transferred For Direct Candid       | tate Support   |                                       |
| vi) Public Communications Referring Only to (       | Party (Made by PAC)  |                                       |
| TOTALS FO   | OR BREAKDOWN OF TRANSFER RECEI   |                                       |
| TOTAL This Period (Administrative)                  |  |                                       |
| TOTAL This Period (Generic Voter Drive)             |  |                                       |
| TOTAL This Period (Exempt Activities)               | - Sec. 47  |                                       |
| TOTAL This Period (Direct Fundraising)              |  |                                       |
| TOTAL This Period (Direct Candidate Support)        |  |                                       |
| TOTAL This Period (Public Communications Referring  | Only to Party)   |                                       |
| TOTAL This Period (Total Amount Transferred)        |  |                                       |

## SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE    | OF              |   |
|---------|-----------------|---|
|         | <u>i</u>        | _ |
| SOB LIN | E 21ª OF FORM 3 | Y |

| NA          | ME OF COMMITTEE (In Full)  | ·~\ c- *\      | シャ   | ec Pa                                   | !  |
|-------------|--|----------------|--|---|--|
|             |  | ~ 1\~~ 3       | · <u>- · · · · · · · · · · · · · · · · · ·</u>   | 9:                                      | Allocated Activity or Event:   |
| <b>A.</b> : | Full Name (Last, First, Middle Initial)  |                |  |   | Administrative Fundraising Exempt  |
|             | Mailing Address  |                |  |   | Voter Drive Direct Candidate Support   |
|             | City   | State          | Zip Code   | <u>. "——</u> .                          | Public Comm (ref to party only) by PAC   |
|             | Purpose of Disbursement:   |                | ·  |   | Allocated Activity or Event Year-To-Date   |
|             | Activity or Event Identifier:  |                |  | Category/                               |  |
|             |  |                |  | Type                                    | Date   |
|             | FEDERAL SHARE  | +              | NONFEDERAL   |   | TOTAL AMOUNT   |
|             |  | _ "            |  |   |  |
| В.          | Full Name (Last, First, Middle Initial)  |                |  |   | Allocated Activity or Event:   |
|             | Mailing Address  |                |  |   | Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  |
|             | City   | State          | Zip Code   |   | Public Comm (ref to party only) by PAC   |
|             | District States and St |                |  | <del></del> -                           | Allocated Activity or Event Year-To-Date   |
|             | Purpose of Disbursement:   |                |  |   |  |
|             | Activity or Event Identifier:  |                |  | Category/                               | 2 W = W 2 / 3 D × D 2 / 3 V = V = V = V  |
|             |  |                |  | Туре                                    | Date   |
|             | FEDERAL SHARE  | +              | NONFEDERAL   | SHARE                                   | = TOTAL AMOUNT   |
|             |  |                |  | A Second Second                         |  |
| c.          | Full Name (Last, First, Middle Initial)  |                |  |   | Allocated Activity or Event:   |
|             | Mailing Address  | ·              | <del></del>  | <del> </del>                            | Administrative Fundraising Exempt  |
|             |  | Chair          | Zip Codo   |   | 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                                    | Date   |
|             | FEDERAL SHARE  | +              | NONFEDERAL   |   | TOTAL AMOUNT   |
|             |  |                | - and Danas de Constitution de | , , , ,                                 |  |
|             | UBTOTAL of Allocated Federal and NonFederal  | al Activity Th | is Page  |   | · · · · · · · · · · · · · · · · · · ·  |
| -           | FEDERAL SHARE  | +              | NONFEDERAL   | _                                       | TOTAL AMOUNT   |
|             | A STATE OF THE PARTY OF THE PAR |                | de de la companya de   |   |  |
| T           | OTAL This Period (last page for each line only<br>FEDERAL SHARE  |                | are to 21(a)(i) an<br>NONFEDERAL   |   | hare to 21(a)(ii))<br>TOTAL AMOUNŤ   |
|             | LEDEUVC SUVUE  |                | Samuel market de market  | <del>en de ser la residia de la c</del> |  |
|             | <b>=</b>   | 49 31          | And the second second  |   | the state of the s |

## SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

| (10 be asea i | by State, District and Loca                                 | ii ruity committees c                   |  |  | FOR LINE 18b OF FORM 3X   |
|---------------|---|---|--|--|---|
| NAME OF CO    | MMITTEE (In Full)   |   | _  |  |   |
| Con           | wersent Comm  | ieni cetions . Dr                       | DAY  | _  | 1   |
| NAME OF A     |   | DATE OF RECEIPT                         |  |  | INT TRANSFERRED   |
|               |   |   |  |  |   |
| BBEAKDOW      | WN OF THIS TRANSFER   |   |  |  |   |
|               | Voter Registration  |   | OTER REGISTR   |  |   |
| 1)            | Total Amount Transferred for Vote                           | r Redistration a                        |  |  | !   |
| i ii)         | Voter ID  | - Second                                |  | OTER ID<br><del>Yr mywn yr ar yn o</del>   | न्द्रभक्तभन्  |
|               | Total Amount Transferred for Vote                           | r ID                                    | San San & 17a  |  |   |
|               |   |   |  | GOTV   | :   |
| 106)          | GOTV Total Amount Transferred for GOT                       | v                                       |  | in the second second   |   |
|               | TOTAL PRINCE TO GO  | * ************************************* | Anna Saran Bara  | GENERIC CAMP   |   |
| lv)           | Generic Campaign Activity                                   |   |  |  | AIGN ACTIVITY   |
|               | Total Amount Transferred for Gene                           | eric Campaign Activity                  |  | - Anna Caratana  |   |
| NAME OF A     | ACCOUNT   | DATE OF RECEIPT                         |  | TOTAL AMOU   | JNT TRANSFERRED   |
|               |   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4 4 4 4 4 4  | Acres of the second sec | <del>o Sancardo medicaja di medicanal</del>   |
|               | •   |   | -Construction  |  |   |
| BREAKDON      | WN OF THIS TRANSFER   |   | •  |  | i   |
| i)            | Voter Registration  |   | VOTER REGISTR  |  | •   |
| "             | Total Amount Transferred for Vote                           | <b>1</b> - "                            | 4  |  |   |
|               |   | Insuralment Event                       |  | <del>de de la constanta de</del><br>OTER ID  |   |
| ii)           |   | 4                                       |  |  | -   |
|               | Total Amount Transferred for Vote                           | r ID                                    | Accolone Theaters  | dien Donatha alle Allen  | Mencel  |
| iii           | GOTV  |   |  | боту   |   |
|               | Total Amount Transferred for GOT                            | ·v,                                     |  |  |   |
|               |   |   | in o dineyale  | GENERIC CAMP   |   |
| iv)           | Generic Campaign Activity  Total Amount Transferred for Gen | orio Campaino Activity                  | 3  | <del>-2</del>  |   |
|               | IOGAL MILIODINI TRANSPERSO TO CIEN                          | end Campaign Activity                   |  |  |   |
|               | TOTALS FOR BI   | REAKDOWN OF TRANSFER                    | RECEIVED (L  | ast Page Only)   | :   |
|               |   |   |  |  |   |
| TOTA          | L This Period (Voter Registration)                          | ,                                       | A  | 7  | :   |
|               |   |   | Name and State of Sta | de de la constitución de la cons | 1   |
| TOTA          | L This Period (Voter ID)                                    |   | 8  |  |   |
|               |   | Exercise 1                              |  |  | जिल्लाको<br>स्टब्स्ट स्टब्स्ट स्ट |
| TOTA          | L This Period (GOTV)  | *************************************** |  |  |   |
| <u> </u>      |   |   | مينيان ميسالسيدي<br>محيو   | <del>. The share the Albandia.</del><br>Hydrographic property and special pro-   | <del>alarah dan dan dan dan dan dan dan dan dan dan</del>   |
| тота          | L This Period (Generic Campaign /                           | Activity)                               |  |  |   |
|               |   | -                                       | Simus.   |  |   |
| TOTA          | L This Period (Total Amount of Tra                          | nsfers Received)                        |  |  |   |
| 1             | -   |   |  | <del>Darm Lynn (1) hay</del>   |   |

PAGE

# 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     |      |    |
|---|----------|--------|------|----|
| I | FOR LINE | 30a OF | FORM | 3) |

| NAME OF COMMITTEE (In Full)                         |                   | Par               |   |
|---|-------------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) / Full C |                   | ار ال <i>ه</i> ر  | Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  |
| Mailing Address                                     |                   | •                 | Allocated Activity or Event Year-To-Date  |
| City  | Zip Code          |                   |   |
| Purpose of Disbursement                             |                   | Category/<br>Type | Date  |
| FEDERAL SHARE                                       | 4- LEVIN SH       | IARE              | ≃ TOTAL AMOUNT  |
|   |                   | <u></u>           |   |
| B. Full Name (Last, First, Middle Initial) / Full C |                   |                   | Type of Allocated Activity or Event:  |
|   | ·                 |                   | Voter Registration GOTV Voter ID Generic Campaign   |
| Mailing Address                                     |                   | <del></del>       | Allocated Activity or Event Year-To-Date  |
|   |                   |                   |   |
| City  | Zip Code          |                   | Brown |
| Purpose of Disbursement                             |                   | Category/<br>Type | Date  |
| FEDERAL SHARE                                       | + LEVIN SI        | IARE              | = TOTAL AMOUNT  |
|   |                   |                   |   |
| C. Full Name (Last, First, Middle Initial) / Full C | 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          |                   |   |
| Purpose of Disbursement                             | <u></u>           | Category/         | Date  |
| FEDERAL SHARE                                       | + LEVIN SH        | Type<br>IARE      | = TOTAL AMOUNT  |
|   |                   |                   |   |
| SUBTOTAL of Shared Federal and Levin Activity T     | This Page         | •                 |   |
| FEDERAL SHARE                                       | + LEVIN SH        |                   | = TOTAL AMOUNT  |
|   |                   |                   |   |
| TOTAL This Period (last page for each line only)(F  |                   |                   |   |
| FEDERAL SHARE                                       |                   |                   | TOTAL AMOUNT  |
|   | LEVIN SH          | ·· ·· ·           |   |
| TOTAL This Period for the Levin Share               |                   |                   |   |
|   |                   |                   |   |

## SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

|    | CONVERSENT (DOMINICAL)  | mations. In A                 | Px                                    |
|----|---|-------------------------------|---------------------------------------|
| γH | E OF ACCOUNT  |                               | · · · · · · · · · · · · · · · · · · · |
|    |   | COLUMN A<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE              |
|    | /-\ /taniand  |                               |                                       |
|    | (b) Unitemized  |                               |                                       |
|    | (c) Total   |                               |                                       |
|    | OTHER RECEIPTS  |                               |                                       |
|    | TOTAL RECEIPTS  |                               |                                       |
| _  | TRANSFERS TO FEDERAL OR<br>ALLOCATION ACCOUNT<br>(Use Schedule L-8) |                               |                                       |
|    | (a) Voter Registration  |                               |                                       |
|    | (b) Voter ID  |                               |                                       |
|    | (c) GOTV  |                               |                                       |
|    | (d) Generic Campaign  |                               |                                       |
|    | (e) Total   |                               |                                       |
|    |   |                               |                                       |
|    | TOTAL DISBURSEMENTS   |                               |                                       |
|    | BEGINNING CASH ON HAND  |                               |                                       |
|    | RECEIPTS  |                               |                                       |
|    | SUBTOTAL  |                               |                                       |
|    | DISBURSEMENTS   |                               |                                       |
|    | ENDING CASH ON HAND   |                               |                                       |

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

NAME OF COMMITTEE (In Full)

OF PAGE Use separate schedule(s) for each category of the FOR LINE NUMBER: 2 1a Aggregation Page (check only one) 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. CONVERSENT COMMUNICATIONS, FORC. PAC

| A.          | Full Name (Last, First, Middle Initial) / Full Organization Name |             |  | Date of Receipt                    |  |
|-------------|--|-------------|--|------------------------------------|--|
|             | Mailing Address  |             | —————————————————————————————————————— |                                    |  |
|             | City   | State       | Zip Code                               | Amount of Each Receipt this Period |  |
|             | Name of Employer or Principal Place of Business                  | <del></del> | <del></del> -                          | Aggregate Year-to-Date             |  |
|             | Occupation   |             |  |                                    |  |
| <b>B</b> .  | Full Name (Last, First, Middle Initial) / Full Organization Nar  | ne          | :                                      | 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   |             | <del>,</del>                           | Aggregato real-to-bats             |  |
| <del></del> | Full Name (Last, First, Middle Initial) / Full Organization Nar  | ne ·        |  | Date of Receipt                    |  |
|             | Mailing Address  | <u>.</u>    | ···                                    |                                    |  |
|             | 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 Nar  | me          |  | 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)                         |             |  |                                    |  |
| Τ           | OTAL This Period (last page this line number only)               |             | ·····                                  |                                    |  |

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

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

| FOR LINE NUMBE                | R: PAC   | GE 📜 | OF |
|-------------------------------|----------|------|----|
| (check only one) <sub>F</sub> | $\neg$ . |      |    |
| _                             | 4a       | 4c   | 5  |
|                               |          | 4d   |    |

Aggregation Page 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) Converset Communications, For PAR Full Name (Last, First, Middle InItlal) / Full Organization Name A. Date of Disbursement Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name В. **Date of Disbursement** Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name 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 D. Date of Disbursement Mailing Address Zip Code City. State Amount of Each Disbursement this Period Same and the second second second second second Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. Date of Disbursement Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)......

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

## 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)   |   |                                       | FEC IDENTIFICATION NUMBER |  |  |
|---|---|---------------------------------------|---------------------------|--|--|
| Converse tommunication  | s, xx. Por  | C                                     |                           |  |  |
| LENDING INSTITUTION (LENDER)  | Amount of Loan  |                                       | Interest Rate (APR)       |  |  |
| Full Name   |   |                                       |                           |  |  |
| Mailing Address   |   | LM-LM-3                               | · Parel · Bandarana       |  |  |
|   | Date Incurred or Established  |                                       |                           |  |  |
| City State Zip Code   | Date Due  |                                       |                           |  |  |
| A. Has loan been restructured? No Yes   | If yes, date originally incurre   | d N TH                                |                           |  |  |
| B. If line of credit,   | Total   | general special and a silver          | ·                         |  |  |
| Amount of this Draw:  | Outstanding<br>Balance:   |                                       |                           |  |  |
| C. Are other parties secondarily liable for the debt incu  No Yes (Endorsers and guarantors   | rred?<br>must be reported on Schedule C.)   |                                       | :                         |  |  |
| D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or other contents.  | of deposit, chattel papers,   | What is the value of this collateral? |                           |  |  |
| No Yes If yes, specify:   | No Yes If yes, specify:   |                                       |                           |  |  |
| F. Are any future contributions or future receipts of inte  | . Are any future contributions or future receipts of interest income, pledged as  |                                       |                           |  |  |
| collateral for the loan? No Yes If yes  |   | 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:  |                                       | :<br>: .                  |  |  |
| Date account established:   | Address:  |                                       |                           |  |  |
| 10-11-11 / F-11-11 / F-11-11-11-11-11-11-11-11-11-11-11-11-11   | City, State, Zip:   |                                       |                           |  |  |
| E it neither of the types of colleteral described above to  | <u> </u>  |                                       |                           |  |  |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. |   |                                       |                           |  |  |
| G. COMMITTEE TREASURER  |   | DATE                                  | •                         |  |  |
| Signature   | Typed Name<br>Signature   |                                       |                           |  |  |
| H. Attach a signed copy of the loan agreement.  |   | '                                     |                           |  |  |
| <ol> <li>To the best of this institution's knowledge, the</li> </ol>  | 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.           |                                       |                           |  |  |
| <ol> <li>The loan was made on terms and conditions of<br/>similar extensions of credit to other borrowers</li> </ol>  | 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.     |                                       |                           |  |  |
| complied with the requirements set forth at 11  | 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   |   | DATE                                  |                           |  |  |
| Typed Name<br>Signature   | Title   |                                       |                           |  |  |
|   |   |                                       | <u>:</u>                  |  |  |

(3/2005)

## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): 5/23/06 Next Business Day Delivery UPS Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER