

MJ CHEGINI, TREASURER 500 WESTOVER DR, SUITE 5783 SANFORD, NC 27330 DOWNINGTOWNVICTORYPAC.WEEBLY.COM DTOWNVICTORYPAC@USA.COM

May 31, 2016

To Whom It May Concern:

Please find the "Report of Receipts and Disbursements", AKA FEC Form 3X, regarding the month of May 2016, from a starting period of 05/31/2016 (official organization of PAC) to 05/31/2016 (last day). Thank you.

Regards,

M.J. Chegini

Treasurer. Downingtown

Independent Vigtory PAC

# 2016-06-09-08-00076973

**FEC** FORM 3X

Office

Use

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2016 JUN -9 AM 7:08

**FEC FORM 3X** 

Rev. 12/2004

								Office Us	e Only	
1.	NAME OF COMMITTEE (in full)	TYPE OF	R PRINT ▼		mple: If typing, typ	e	12FE4	1M.5		
0	DUNINGTO	UN I	MER	ENDENT	T UICITÉ	RY	PA	6		<del></del>
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AD	DRESS (number and stree	, <u>(</u> ,Ψ.	2,4, F	ederu	1,00			1	<u> </u>	<u> </u>
•	Check if different than previously reported. (ACC)	1000 1000	. 7	16,TDUN			PA	[43	<u>3</u> 5-	· <b>L</b>
2.	FEC IDENTIFICATION	NUMBER	▼	CITY ▲		S	TATE 🛦		ZIP CO	DE 🛦
	c 606 \$ 8	751	-	3. IS THIS REPORT	NEW (N)	OR	2	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	i A	lonthly eport ue On:	Feb 20 (M2)	May 20	O (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Electron Year Only)
	(a) Quarterly Reports:			Mar 20 (M3)	Jun 20	(M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15	Report (Q1) (c)		Apr 20 (M4)	Jul 20	(M7)	(	Oct 20 (M10)		Jan 31 (YE)
	Quarterly Repo		(c) 12-Day		Primary (12P)		Gene	eral (12G)		Runoff (12R)
	July 15 Quarterly Repo	rt (Q2)	PRE-Ele Report f		Convention (12C)		Spec	ial (12S)		
	October 15 Quarterly Repo	rt (Q3)			M M / D (	D / 3		. А	in the	
	January 31 Year-End Repo	ort (YE)		Election on	. [	:.			State o	f
	July 31 Mid-Ye Report (Non-el Year Only) (M	ection	30-Day POST-E Report f		General (30G)		Runc	off (30R)		Special (30S)
	Termination Re (TER)	port	·	Election on	'M M / D I	י ח / מ	Y - Y - Y	<b>y</b>	in the State o	f
5.	Covering Period	5 3	ı° 'ž	o l'b	through	ΰŜ	31	(S)	ľ Ğ	
l ce	ertify that I have examine	d this Repor	and to the			it is true	, correct	and comple	te.	
Тур	be or Print Name of Trea	surer	MY.	cres	11/11		_		<u> </u>	
Sig	nature of Treasurer	IV.		>. ()	le f	Da	ate C	3	·	2616
NO	TE: Submission of false, e	rroneous, or i	ncomplete in	nformation may su	bject the person sig	geing this	s Report	to the penalti	es of 52	U.S.C. § 3010

# 2016-06-09-03-00076974

## **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, つりし	OB	, , , ,
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	, 25 od.	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, ZS.Oo-	<del></del>
7.	Total Disbursements (from Line 31)	, (5.00_	7 , ,
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, (O.OD.	-7
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	, 700	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, DO	

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

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

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

1. Receipts	Report Covering the Period: From: US 31 2000 To: US 31 2000					
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN B Calendar Year-to-Date					
Than Political Committees (i) Itemized (use Schedule A)						
(ii) Unitemized (use Schedule A)						
(iii) Unitemized	)					
(iii) TOTAL (add Lines 11(a)(i) and (ii)	,					
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0 ->					
Lines 11(a)(i) and (ii)						
(b) Political Party Committees	2->					
(c) Other Political Committees    (such as PACs)	20 - 12 - 12 - 13					
(c) Other Political Committees (such as PACs)						
(such as PACs)	,					
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	<b>カー</b> フ					
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	, , ,					
Totals to Line 33, page 5)						
2. Transfers From Affiliated/Other Party Committees	わー/					
Party Committees,  3. All Loans Received,  4. Loan Repayments Received,  5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5),  6. Refunds of Contributions Made to Federal Candidates and Other Political Committees,  7. Other Federal Receipts (Dividends, Interest, etc.),  8. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3),  (b) Levin Funds (from Schedule H5),  7. Total Receipts (add Lines 11(d).	, ,					
3. All Loans Received						
4. Loan Repayments Received	, ,					
4. Loan Repayments Received	1 ->					
So. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	, ,					
<ul> <li>Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)</li></ul>						
(Carry Totals to Line 37, page 5)	, , , , , , , , , , , , , , , , , , , ,					
6. Refunds of Contributions Made to Federal Candidates and Other Political Committees						
6. Refunds of Contributions Made to Federal Candidates and Other Political Committees						
Political Committees	, , , , , , , , , , , , , , , , , , , ,					
7. Other Federal Receipts (Dividends, Interest, etc.)						
7. Other Federal Receipts (Dividends, Interest, etc.)	/ ~)					
3. Transfers from Non-Federal and Levin Funds  (a) Non-Federal Account (from Schedule H3), , , (b) Levin Funds (from Schedule H5), , (c) Total Transfers (add 18(a) and 18(b))  7. Total Receipts (add Lines 11(d).						
(a) Non-Federal Account (from Schedule H3), , , (b) Levin Funds (from Schedule H5), , (c) Total Transfers (add 18(a) and 18(b))  7. Total Receipts (add Lines 11(d).						
(from Schedule H3), , , , , , , , , , , , , , , , ,						
(b) Levin Funds (from Schedule H5),  (c) Total Transfers (add 18(a) and 18(b)),  7. Total Receipts (add Lines 11(d).						
(b) Levin Funds (from Schedule H5),  (c) Total Transfers (add 18(a) and 18(b))  7. Total Receipts (add Lines 11(d).						
(c) Total Transfers (add 18(a) and 18(b)) , , ,	, ,					
(c) Total Transfers (add 18(a) and 18(b)) , , ,	\ <u></u>					
7. Total Receipts (add Lines 11(d).						
). Total Receipts (add Lines 11(d).	/ 7					
7. Total Receipts (add Lines 11(d). 12, 13, 14, 15, 16, 17, and 18(c))▶ , , , , , , , , , , , , , , , , , , ,	, , .					
7. Total Receipts (add Lines 11(d). 12, 13, 14, 15, 16, 17, and 18(c))▶ , , , , , , , , , , , , , ,						
12, 13, 14, 15, 16, 17, and 18(c))▶						
, , , , , , , , , , , , , , , , , , , ,	0-7					
	•					
D. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	70 7 , , , ,					

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4 FEC Form 3X (Rev. 02/2003) COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 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 (5.0) (add 21(a)(i), (a)(ii), and (b)) ......▶ 22. Transfers to Affiliated/Other Party DO Committees Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees ..... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...........▶ 29. Other Disbursements ..... 30. Federal Election Activity (52 U.S.C. § 30101(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))....▶ 31. Total Disbursements (add Lines 21(c), 22, (5.01) 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) from Line 31).....

# **DETAILED SUMMARY PAGE**

of Disbursements

•	FEC Form 3X (Rev. 02/2003)	OT	Disburse	ments		F	Page 5
III. Net Contributions/ Operating Expenditures		COLUMN A Total This Period		COLUMN B Calendar Year-to-Date			
	Total Contributions (other than loans) (from Line 11(d), page 3)		· .	, 25.00	en e	,	75, 80
	Total Contribution Refunds (from Line 28(d))		• · · · · · · · · · · · · · · · · · · ·	, 000		. 3	0.00
	Net Contributions (other than loans) (subtract Line 34 from Line 33)		,	, 2500		7	75,00
	Total Federal Operating Expenditures  (add Line 21(a)(i) and Line 21(b))		,	, (500	, , ,	y	(5.00
	Offsets to Operating Expenditures (from Line 15, page 3)		<b>j</b> .	, 0000	**************************************	,	00.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		,	, 1500	7	3	(5,00

SCHEDULE A (FEC FUHII 3X)	Use separate schedule(s)	(check only one)
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Independent	that wickory	CAC
Mailing Address 1770 Teresu CT  City Downpy Foun  FEC ID number of contributing	W30  Zip Code (4335	Date of Receipt  Date of Receipt  Amount of Each Receipt this Period
Name of Employer  Peceipt For:  Primary  General  Occupation  Aggregate	Sfuden4 Year-to-Date ▼ , 75.00	Memo Item
Full Name (Last First, Middle Initial)  3.  Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee.	Zip Code	Amount of Each Receipt this Period
Name of Employer  Receipt For:  Primary  Other (specify) ▼  Occupation  Aggregate	Year-to-Date ▼	Memo Item
Full Name (Last, First, Middle Initial)  Mailing Address  City State	Zip Code	Date of Receipt  M M / D D / Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Occupation		Amount of Each Receipt this Period  , , ,  Memo Item
Receipt For:    Primary	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, 75.00
TOTAL This Period (last page this line number only)	<b>•</b>	, 75.0°0 , 75.0°0

0
9
0
0007697
g

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Statem	lents may not be sold or used	by any perso	<del>!</del>			
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Full Name (Last, First, Middle Initial)						
A. Tabeling Malbox	, DNC		Date of Disbursem			
Mailing Address 500 Westove			05 3l	2066		
Sunto-rd		7330				
Purpose of Disbursement Mull Secura	QS		Amount of Each D	isbursement this Period		
Candidate Name		©ategory/		1000		
	/	Туре	,	, (0.00)		
	ent For:  Primary		Memo Item			
Full Name (Last, First, Middle Initial)						
B. M. Cheym	Date of Disbursement					
Mailing Address 500 Westowe (	O5 7 1 2016	> > ( ) 4				
SUNDE	SW (1010 NC 21354					
Purpose of Disbursement Sulary			Amount of Each Disbursement this Perio			
Candidate Name		Category/ Type		, S. OD		
President	nent For: Primary General Other (specify)		Memo Item			
State: District:  Full Name (Last, First, Middle Initial)						
C.			Date of Disbursem			
Mailing Address						
City	City State Zip Code					
Purpose of Disbursement			Amount -1.5	falancia anno 1991 - Tarini		
Candidate Name		Category/ Type	•	isbursement this Period		
<u> </u>	nent For: Primary General Other (specify) ▼		Memo Item	, .		
Oldie. District.				:		
SUBTOTAL of Disbursements This Page (optional)		·····•	, ,	, 15,00		
TOTAL This Period (last page this line number only).			. ,	, ( <i>&amp;.D</i> 0		

SCHEDULE D	(FEC	Form	3X)
DEBTS AND O	BLIGA	TIONS	3

**Excluding Loans** 

Use separate	PAGE	OF /	r
schedule(s)	FOR LINE NUMBE	R:	
for each	(check only one)	9	
umbered line)			٠,

Add the state of t	indered line)
NAME OF COMMITTEE (In Full) DOWN JY FORM Independent	WHOO PAC
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	_
. Walling Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Joseph This David	Outstanding Balance of Class of This Davis I
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
, , ,	· · · · · · · · · · · · · · · · · · ·
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	( a.poss),
	<u> </u>
Mailing Address	
City State Zip Code	-
Outstanding Balance Beginning This Period	
	$\gamma$
, , ,	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Control in Police Parising This Parising	1
Outstanding Balance Beginning This Period	
3. 3 ·	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
	/n /n
1) SUBTOTALS This Period This Page (optional)	, , 000
2) TOTALS This Period (last page this line number only)	0 190
-/ TOTALO THIS I ETIOU (IAST PAGE THIS THE HUITIDE OTHY)	(9.77)
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	, , ,
	DAN
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	, , ,

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM :

	Detailed Summary Page FOR LINE 13 OF FORM 3A
NAME OF COMMITTEE (IN FUII) DUM WHUM IN	Lecenters Milhory CAC
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item Election: Primary General
Mailing Address	Other (specify) ▼
City State ZIP C	ode
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period
, , ,	• • • • • • • • • • • • • • • • • • •
TERMS  Date Incurred  M M / D 0 / Y Y Y M M / D D / Y	Interest Rate Secured:  'y' (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last. First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	Quaranteed Outstanding:
3. Full Name (Last, First Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Gode	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
,	Amount
City State ZIP Code	Guaranteed Outstanding:
	*7
SUBTOTALS This Period This Page (optional)	······································
TOTALS This Period (last page in this line only):	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D, carry forward to appropriate line of Summary.

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

Supplementary for Information found on Page of Schedule Company

Federal Election Commission, Washington, D.C. 20463			Page of Schedule C				
NAME OF COMMITTEE (In Full)  Powerstown Tules	endlat Ukn	FEC W GCC	DENTIFICATION NUMBER				
LENDING INSTRUTION (LENDER)	Amount of Loan	1	Interest Rate (APR)				
Full Name			· ` · ·				
	1///	• .	•				
Mailing Address	Date Incurred or Established	. es . es	/ D D / Y Y				
City State Zip Code	gate Due	H H	/ C 3 / Y Y				
A. Has loan been restructured? No Yes	If yes, date originally incurre		/ D D / Y Y ;				
B. If line of credit,	Total						
Annual of this Board	Outstanding						
Amount of this Draw:	Balance:	- k - 1a •	,				
C. Are other parties secondarily liable for the debt incurr  No Yes (Endorsers and guarantors m	red? ust be reported on Schedule C.	)	4-				
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	f deposit, chattel papers,	What is the	value of this collateral?				
No Yes If yes, specify:			der have a perfected security				
		interest in it?	No Yes				
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes,	<b>\</b>	What is the	estimated value?				
			,				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:						
Date account established:	Address.						
MATOD/YYY	City. State. Xip:						
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan							
G. COMMITTEE TREASURER	·····	DATE					
Typed Name		M M	/ B B : V V :				
Signature							
H. Attach a signed copy of the loan agreement.							
I. TO BE SIGNED BY THE LENDING INSTITUTION:	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.						
The loan was made on terms and conditions (in similar extensions of credit to other borrowers of this institution is aware of the requirement that	of comparable credit worthiness.						
complied with the requirements set forth at 11 C	CFR 100.82 and 100.142 in mak	ring this loan.	Jo Tokaymont, and has				
AUTHORIZED REPRESENTATIVE		DATE					
Typed Name 7			133 No 30 1				
signature Ti	Touch of	05	81 8011				

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)  Drumby four Insepersary Wishow is	
Check if 24-hour report 48-hour report New report Amends report filed	'ma'ma, a a y y y don
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	, Date of Disbuggement or Øbligation
Purpose of Expenditure  Category/ Type	M M 1 D D 1 Y Y
Name of Federal Candidate Support Office Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Solight	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Pote of Dishursement or Obligation
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Offic	ce Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	, ,
(c) TOTAL Independent Expenditures	, ,
Under penalty of perjury certify that the independent expenditures reported herein were not me with or at the request of suggestion of, any fandidate or authorized committee or agent of either party committee any political party committee or its agent.	
Signature Date C	36 2014

## 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)

Durn'ny town Independent provide lucy					
/ USE ONLY ONE SECTION, A or B / /					
A. State and Local Party Committees  Fixed Percentage (select one)  ———————————————————————————————————					
B. Separate Segregated Funds and Nonconnected Committees					
Flat Minimum Federal Percentage					
If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
or \\					
If the committee is spending more than 50% federal funds, indicate ratio below					
Federal %					
Nonfederal%					
This ratio applies to (check all that apply):					
Administrative Generic Voter Drive Public Communications Referencing Party Only					

SCHEDULE H2 (FEC Form 3X)		PAGE   OF /
ALLOCATION RATIOS		FAGE   OF
NAME OF COMMITTEE (In Full) Woundy for Tuble	persont Mi	ford PAC
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received metlexpenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pr	roportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodate the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commischeral and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by ederal cand nunications or voter drive	didates from the ac- s that refer to both
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		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
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 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 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		

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

PAGE	OF	1	
FOR LINE	18a OF	FORM	ЗХ

NAME C	DF COMMITTEE (In Full)	stown	Inse	Ren	Lηθ	2 Ol	2001	7 Pik
NAM	E OF ACCOUNT	DATE OF RECEIP			·	L AMOUNT	TRANSFE	RRED
	M/A	M M 0	, A A	у ү				$\mathcal{T}$
	10/2			-		,	,	
BRE	AKDOWN OF TRANSFER RECEIVED							
i)	Total Administrative					,	,	
ii)	Generic Voter Drive					,	y	•
"")	Exempt Activities				- '	,	,	•
iv)	Direct Fundraising (List Activity or Event Idea	ntifier)						
	a)	7	7	•				
}	b)		٠	.*.				
1		,	,	•				
	c) Total Amount Transferred For Direct Fundra	ising				,	,	
v)	Direct Candidate Support (List Activity or Ev	ent Identifier)						
				: .				
	a)	,	,					
	b)	. ,	· • •	•				
	c) Total Amount Transferred For Direct Candid	late Support				. <b>.</b>	,	,
vi)	Public Communications Referring Only to I	Party (Made by PAC	S)			•	y	•
		R BREAKDOWN O				7		
						6		
TOTAL	This Period (Administrative)		,	,		4		
ΤΩΤΔΙ	This Period (Generic Voter Drive)			,		1.		
TOTAL	This relies (Golleto Votel Bilve)		•	,	7	1 .		
TOTAL	This Period (Exempt Activities)			. 3	2 <b>5</b>	1		
						1		
TOTAL	This Period (Direct Fundraising)			3	٠,	•	•	
TOTAL	This Period (Direct Candidate Support)				<b>y</b> .	'		
TOTAL	This Pariod (Public Communications Potentian	Only to Party)			\	1 /		•
IOIAL	This Period (Public Communications Referring	Only to Faity)	,		\',		•	
TOTAL	This Period (Total Amount Transferred)				,	,	3	,

# 2016 - 06 - 09 - 03 - 00076987

# SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

IAME C	OF COMMITTEE (In Full) Down my for	of Th	Lepas	en Was fr
Full I	Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:
NA - III	Addis-			Administrative Fundraising Exer
маш	ng Address			Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Purp	pose of Disbursement:			Allocated Activity or Event Year-To-Date
- A atiu	ith or Event Ideatificati			, , ,
ACIIV	vity or Event Identifier:		Category/ Type	M M / D D / Y Y
	FEDERAL SHARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT
	,	, ,		· · · · · · · · · · · · · · · · · · ·
Full	Name (Last, First, Middle Initial)		☐ Memo Item	Allocated Activity or Event:
Full I				Administrative Fundraising Exen
Maili	ing Address			Voter Drive Direct Candidate Supp
City	State	Zip Code		Public Comm (ref to party only) by PAC
Purp	pose of Disbursement:			Allocated Activity or Event Year-To-Date
Activ	vity or Event Identifier:			, ,
Activ	nty of Event logitimes.		Category/ Type	N M / D D / V Y  Date
<del></del>	FEDERAL SHARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT
Full I	Name (Last, First, Middle Initial)	3 3	☐ Memo Item	Allocated Activity or Event:
FUILI	Name (Last, First, Middle Illitial)		ivierno item	Administrative Fundraising Exem
Mailir	ng Address			Voter Drive Direct Candidate Supp
City	State	Zip Code		Public Comm (ref to party only) by PAC
Purp	oose of Disbursement:			Allocated Activity or Event Year-To-Date
				. , , ,
Activ	vity or Event Identifier:		Category/ Type	Date
	FEDERAL SHARE / +	NONFEDERAL		= TOTAL AMOUNT
			5h	
	, , ,	, ,	4	$,  ,  \bigcirc$
ивтот	TAL of Allocated Federal and NonFederal Activity This	_		
	FEDERAL SHARE +	NONFEDERAL	SHARE	TOTAL AMOUNT
OTA!	, This Period (last page for each line only)(Federal shar	to 21/a\/i\ and	NonEndaral sh	, , ,
UIAL	FEDERAL SHARE	NONFEDERAL	,	TOTAL AMOUNT
	, ,	, ,		, , <i>J</i> .
	, , u	•	~	

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

NAM	E OF COMMITTEE (In Full)	Havo	Inde	enre	ing VIC	hey	Park
NAM	E OF ACCOUNT	M	9		•		
		COLUMN A TOTAL THIS PERIOD		COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	,	, X		•	(•	<u>.</u>
	(b) Unitemized	. 5	(j	X	,	,	1
	(c) Total	<b>,</b>	,	•	grafija (199 <b>7</b> ) Nordanski	• •	
2.	OTHER RECEIPTS	,	5	• .	• • • • • • • • • • • • • • • • • • •	ÿ	
3.	TOTAL RECEIPTS	7	<b>,</b> .	*	· •	7	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	<b>.</b>	<b>y</b> i .		. 1	,	•
	(b) Voter ID	,	,	\.	,	,	•
	(c) GOTV	,	,	-	, , , , , , , , , , , , , , , , , , ,	,	•
	(d) Generic Campaign	, ,	,		<b>3</b>	,	•
	(e) Total	,	<b>3</b> .		<b>;</b>	,	•
5.	OTHER DISBURSEMENTS	,	· <b>y</b>		· · · · · · · ·	,	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	· •	. ,	•	3	,	•
7.	BEGINNING CASH ON HAND(for Column B. use cash as of January 1st)	,	,		· · · · · · · · · · · · · · · · · · ·	3'	
8.	RECEIPTS(from Line 3)	,	,		.3	,	•
9.	SUBTOTAL(Add Lines 7 and 8)	<b>,</b>	, (		<b>,</b>	,	· /
10.	DISBURSEMENTS(From Line 6)		1	$\langle        $	,	(, ,	<b>/</b> .
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				, · · · · · · · · · · · · · · · · · · ·	,	

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

PAGE Use separate schedule(s) FOR LINE NUMBER: for each category of the 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. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Receipt d d \ 1 M 2 M Mailing Address Amount of Each Receipt this Period City State Zip Code , and the second Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First. Middle Initial) / Full Organization Name Date of Receipt ☐ Memo Item В, M" "M / D D Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation and the state of the state of Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Memo Item C. 'M M / D D / Mailing Address Amount of Each Receipt this Period City State Zip Code of the profit of the same **3**, 3 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Memo Item D. Mailing Address Amount of Each Receipt this Period City State Zip Code y Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

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

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

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

FOR LINE NUMB	ER: PAC	3E	OF
(check only one)			
•	4a	4c	5
	4b	4d	

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) Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Disbursement Mailing Address Zip Code City Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item В. Date of Disbursement Mailing Address Zip Code State City Amount of Each Disbursement this Period Purpose of Disbursement • Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item C. Date of Disbursement Mailing Address Zip Code State City Amount of Each Disbursement this Period Purpose of Disbursement • , Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item D. 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 Memo Item Date of Disbursement M M r D D Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement 5 · ... 7 . SUBTOTAL of Disbursements This Page (optional).....

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

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	OMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail    Dostmarked   15 - 11 - 16	Date of Receipt 06 - 09 - 16
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next E	Business Day Delivery
Received from House Records & Registration Offic	Date of Receipt re
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ate of Receipt or Postmarked
PREPARER	06-09-16 DATE PREPARED
(3/2015)	